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Editorial

WENT THE DAY WELL ?

The aftermath of any party is a time for appraising its success, and it is inevitable that each English delegate to the International Congress on Mental Health—however little he or she may have been concerned in organizing it—should feel some degree of responsibility for its success; we were in the position of hosts. It is inevitable too that good hosts feel some dissatisfaction and regret after any party; they would be smug indeed if it were not so, and it is easy enough to indulge in preoccupations with the mundane matters of accommodation and fare. We must have expected then that we should feel some slight uneasiness on this score as our visitors departed.

This should by no means blind us to the very real success of the Congress, and we can congratulate the real hosts—the small band of Congress organizers—on their magnificent organization. Preparatory work, arrangements for accommodation, interpreting services, recreation and leisure facilities—all were carefully arranged parts of an excellent whole. That so much can be accomplished now merits the highest praise.

However indispensable a foundation, they were only a foundation; the structures built on top were the essentials. We are still too close to see clearly what their whole shape may be, but we can at least discern the style of the building. The credit for the understanding arrived at between so many individuals of different race, creed and background must be placed largely on the painstaking preparatory commissions. It was then possible to go straight to frank discussion of outstanding sociological problems without wasting time in clearing the ground of misunderstanding and ambiguity first; and the views of experts on their own subjects must have started many minds off on trains of thought to be later pursued on their own. Besides the set sessions, there was much value to be obtained from the informal meetings with old friends and new in the intervals; perhaps the only criticism was that there were too many sessions, too few intervals for this purpose.

Finally, there was the formation of the World Federation for Mental Health. There is thus the means for maintaining the goodwill and collaboration between workers in mental health throughout the world. This organization may have been born in a critical hour, but it could ask for no better godparents than its executive council, and if we all realize our personal responsibilities for its health, wisdom (and wealth), it may play its part in world history before too long—and before it is too late.

Not Like Other Children*

By a Mother

We started on our career as parents exactly as thousands do every year; a little apprehensive, tremendously happy, unaccountably proud and more than a little at a loss. But whereas in the usual case the child manages to survive the first fumbling weeks, thrives and learns and becomes wholly a joy, our little son did not thrive or learn, and remained for nine months a worry, as well as a joy. He did not gain properly, he did not eat, he did not learn to play or sit up alone as he should. The only thing he did on schedule was to produce teeth at the right times. When, at nine months, we took him to another doctor, we found that he had not learned, had not thrived for the reason that he was feeble-minded. He would never be like other children. If he lived to grow up, he probably could never earn even

* *Reprinted from "The Parents' Magazine", 52 Vanderbilt Avenue, New York 17, by kind permission.*

a part of his living even in a special home. No, his trouble was not hereditary. We could and should have other children.

The verdict was so overwhelming, so final and complete, we felt as though our baby had died. He was, we felt, so lost to us. We thought of the plans we had made for him, of the books we wanted him to have, the music we would help him know and love. It hurt us to realize, now, that none of this could be.

Then, gradually, it dawned on us that most of our bitterness and agony were for ourselves. We began to see that there were compensations. If our little son was never to know the heights of life, he also would never know the depths. Perhaps he would have to go through his life, provided he lived past infancy, with a child's mind in a man's body. But he also would have a child's heart, and a child's happy faculty of living in a world where play is the reality. Not that we would not have given anything to have made him whole. But since it must be this way, we could see a glimmer, at least, of a silver lining. Perhaps our experience will have value for other mothers and fathers. I know that when we were groping for the light, back in the beginning of our trouble, we would have been glad to know of someone else's experience, if only to help us realize that we were not alone with a different child.

Gradually, because we had to, we began to get used to the idea that our child would never be normal, then we began to remember other things the specialist had said that dark afternoon. We came to understand the word "microcephalic"; found that it was a term which meant that our child's skull was, through some error in prenatal development, too small ever to house a normal brain. Just as there are, occasionally, children who are born club footed, or without an arm or hand, so our child did not have a skull of the right size. It was nothing we or any of our ancestors were responsible for and there was no birth injury. In fact, nobody knows what causes such a thing, and so it cannot be foretold or prevented. Nor could it be cured. But at any rate, there seemed no reason why we could not have other children who would be normal.

There are all sorts, degrees and types of mental retardation carrying with them their differences in appearance as well. Our son is very small, so that his small head is not noticeable to the casual glance. People who don't know him think he is normal; often we have been complimented on his appearance, because he not only acts six or eight months younger than he is, he looks that much younger. We are thankful for that blessing, and we know that many parents must choose between not taking a child out with them, and braving the curious, pitying stares of the passers-by. There are other differences between our problem and that of others; our baby is docile and sweet-tempered and fairly easily trained; we have no other children to consider. In spite of the differences, however, I feel that in some ways all parents with defective children are faced with the same decisions and perplexities. Arranging for the child's future is one of them; training, even though it may differ widely to fit the individual cases, is another.

When I searched for books to help in the care of a mentally defective child, they were not available to me. The best the library could offer was books on mental development containing tests, such as Dr. Arnold Gesell's *Mental Age of the Preschool Child.* Layman that I am, and with only average education, I found that book helpful. Reading the tests and the conclusions drawn, and applying some of the same tests to my youngster, I could come fairly close to the mental age of the child. As he is very young, his age was reckoned in months rather than years, but the same idea could be worked out whatever the child's age. After using the tests I could decide on my plan for training according to his mental age, not his actual age. I would try to get him to do the things he should be able to do according to his mental age, neither more nor less. Other books on child care helped me from there on.

However, my baby was not only about six months behind his normal development, he continued to develop at a much slower rate of speed than the normal child. At a year and six months, mentally, he showed a gradual development, but at a much slower rate than a normal six-months-old child. I had to learn not only to set the clock back, but to slow it up. This was hard, almost impossible, at first, but now that we have grown used to the idea, we find we accept it completely. What is more, our friends do too. It is as though our baby were ageless. That point of view is a big help in our effort to accept him as he is and to be happy.

But the first job was to improve my baby's physical condition and that meant building up his appetite. He was badly undernourished

and underweight and he had skin trouble. In spite of my adherence to the rules of baby care and feeding he did not thrive. However, he rarely had upsets or colds, and his teeth erupted painlessly and at the proper time. I began to wonder if with patience and the help of all I would find in books on child training, feeding, food habits, and other related subjects I could help him to build a strong healthy body. A few persons to whom I mentioned my problem said quite frankly that they thought I was taking a good deal of trouble for nothing. "It would be better if he didn't live, poor little thing," they said. I was suddenly thoroughly angry. Who can say which life is of use, or importance? Was I to neglect the health of a child in my care, even perhaps shorten that life by not doing what should be done, because I could not see of what use that life would be? My job was to care for my child, to help him to be strong and to grow. So I set about making a strong body out of an ailing, weak one. It called for the hard, concentrated effort I needed to pull me through the heartache and bitterness.

My baby was taking orange juice, cod-liver oil, cereal, vegetables, milk, all as he should—but in such minute quantities that he barely stayed alive. He was also exceedingly nervous and tense; his legs actually did not relax enough at any time to lie apart, he held them together and held his arms at his sides in an unnatural, strained posture. Even in sleep, he did not relax entirely. I felt that his need was for rest, sleep, quiet and more quiet, and so arranged his schedule fairly rigidly and saw to it there was little or no outside stimulation. At the same time, I followed the advice of the authorities on feeding a reluctant child—don't coax, urge, or force. Don't show any emotion. If he eats nothing, remove the food and say and do nothing. When a child is just skin and bones not showing any emotion, when he persistently refuses his food is difficult, but it can be done.

The doctor prescribed thyroid extract for a while, and we tried various wheat-germ compounds to try to stimulate an appetite. It all seemed fruitless, but suddenly, for no apparent reason, the baby began to eat. He not only increased quantities but accepted a much wider variety of food. I cut his meals down to three a day, and held my breath for fear the spurt of appetite would disappear. It didn't. At twenty months he eats nearly what any child of that age would, except that he has some trouble handling food that isn't smooth, and he does not hold his bread or toast and eat by himself. When he began to have a better appetite his tenseness disappeared, whether because of improved nourishment I do not know. Today at twenty months he is relaxed and supple and as healthy as any child his age. Less than a year ago the doctor predicted he would die before his second birthday. Today he is stronger, more resistant to colds and infection than a good many of his contemporaries. His teeth are strong and straight and they came in easily. His colour and skin texture are excellent. His sleep is sound and more regular. We are proud of his strong, straight little body, and we cannot feel that our efforts and patience were wasted.

Along with our determination to make a normal child, at least physically, out of our defective baby, was a determination not to let all the sweetness and enjoyment and even nonsense die out of our lives. His father and I are both young and so haven't the habit of thinking about or brooding over the past, and that is a help. We do not think of our baby as different from others except when we are forced to. That may be cowardly but we feel it is the only way in which we can hope to have any happiness in a situation of this kind. It is literally true that for days at a time we do not think of our son's subnormality. We are as pleased with the little things he learns to do as if he were perfectly normal. Perhaps more so. We have had our emotions and our perception sharpened to the point where we enjoy everything about him, and are keenly aware of his emotions and wishes. It's as if because we love him so devotedly and so specially, and because we know we will not always have him with us, that we are somehow closer to our baby and he to us than is normally the case. We are hoping that we can remember what we have felt and learned from him, so that if we have other normal children, we can understand and help them more easily and perceptively.

Just as we have learned through this different child that careful attention to diet through and past babyhood has its rewards, he has also taught us that there are things which it is wiser to be careless about. Little naughtinesses, such as tipped-over waste baskets, investigations into forbidden territory such as mother's sewing basket, spilled and messed-in food, are to us not naughty at all. We have watched too hopefully for the awakening of our baby's curiosity and his desire to investigate to regret

the consequences of that curiosity and desire. My relation to my child is more important than any detail of housekeeping ever could be. That does not mean that we have spoiled our baby. To refrain from spoiling our son was the hardest lesson we had to learn, I think. For if it is hard not to spoil a perfectly normal intelligent child, how much more difficult it is to be firm with a little child who perhaps does not understand what you mean at all, who has no place in life, who is more than ordinarily helpless. Add to this the fact that at the first signs of discipline, relatives and friends are apt to be horrified and consider you a monster of cruelty. Luckily for us, our baby is naturally amiable and easily handled, at least so far. Nevertheless we did have our battles to fight, yet now, none of the friends and relatives who thought us stern would wish to exchange our well-behaved youngster for a screaming little tyrant. We felt it was a kindness to teach him early that he could not have his own way all the time, that other persons must be considered. And he must learn to do as he was told without undue fuss. He has learned this lesson well, and I am not afraid to take him anywhere. I know he will not make a scene in stores, or in friends' homes. In spite of his sub-normality, he is always welcome. And so he has taught us that good manners and unselfishness begin early and at home, and make a child well-liked and acceptable everywhere.

I firmly believe that the mentally defective child needs even more than the normal one, the security that a regular schedule gives. I do not mean that everything must be sacrificed to schedule, but that, on the whole, the child must be able to expect the same things at the same time each day.

Even for his sake we have not been sorry that our child was born. And we are learning many things from him. He has improved our sense of values. We cannot find many things to be upset or tragic about since we have learned to live with our personal tragedy and make the best of it.

It is only by reckoning what you gain from a bitter experience, as well as what it costs, that you can place a proper value upon it. We honestly believe that our next baby will be unusually lucky because of our experience with our first child. We haven't much money, and we aren't especially wise or talented, but we are now prepared to welcome a child with all our hearts. We will be ready for him with our minds as well as our hearts, with a full realization of what it means to be responsible for a child, and of what we owe him. We want a child now more than we did before Mickey was born, because we know what a child can bring into the lives of his parents. And we say to ourselves, "If this little one can give us so much joy, how thrilling it must be to watch the development and growth of a normal child!"

We know that the hardest part of all is ahead of us. For if ever we have other children, we must make provision to have our "different" little boy live away from home. It is too bitterly unfair to let a normal child face the pity, the curiosity, the whisperings about a defective child that we, as adults, find it hard to meet. Then, too, we know that our handicapped child would be miserable if he had to compete, though it might be only on the playground, with normal children. He has the right to be among his own kind, where he need face no unfair competition. Only so can he possibly be happy as he grows older. Anyone who doubts this need only think back to his own childhood, to remember with shame how heartlessly the neighbourhood idiot was teased. Those are plain words, but this is a situation that calls for plain thinking. We may gloss the facts over to ease our hurt, but the world won't. The time will come when it will be best for our child to go to a special institution.

We will see him there often, but the privilege of doing things for him ourselves will be over. It is our hope that he will adjust himself very quickly and be happy almost at once. Yet it hurts to realize that he will forget us almost entirely, as we know he will. Always he will be in the back of our minds and hearts, and as long as we live he will be what he is now, at once a source of joy and love, and of pain. We don't think about the parting from him any more than we can help, but when it comes we hope to be able to do it quietly, and then to begin the job of building life and happiness in our home without him. Thousands of mothers and fathers will know exactly what I mean, and with them, with understanding hearts, we join in knowing that though it is a heavy burden to carry, still we have lightened it by doing honestly what we thought was right and best for our little "different" child. After that we can only commend him to God, and who knows but that He has special care and regard for these little ones whose clocks stand still?

The Unsuccessful Reader

By H. C. GÜNZBURG, B.A., Ph.D.
Monyhull Hall, Birmingham

"... I was the worst reader in our class at that time. I had a book called *All about the Circus* and it was a baby's book. Well, I started to read it. It was no good and it was about animals and a girl and a boy. It was proper daft and I would not read it. I felt like throwing it across the room. I just sat down and looked at it. After a few minutes our teacher came round and said: 'Do you like the book?' Yes, I said. I didn't half like it. I did not bother reading books and now I regret it and I am 15 now and I wish I was only 12 so I could go on again with my reading. I have got only one year here. I have heard many boys wish they were at school again."

This extract from a short autobiographical note by one of the boys in my class is typical of the opinions of many unsuccessful readers in later years. Not having learnt to read when still comparatively young, they realize when 15 or 16, the importance of reading. However, being forced to go through the initial stages where scarcely any other reading matter is available but that written for much younger children, they detest reading though attracted at the same time to a skill which seems so necessary to all other people. This regret and disappointment may assist considerably in strengthening asocial tendencies, and many research workers have pointed out the close interrelationship between non-reading and behaviour troubles.

The unsuccessful reader may be defined as a reader whose technical ability to read, or whose understanding for what he reads, does not conform to his mental capacity. Even children with subnormal intelligence ought in most cases to be able to learn to read, though their maximal achievements will of necessity be on a lower level than those of their contemporaries with normal intelligence. However, we find unsuccessful readers at all intelligence levels, though with a greater emphasis on the lower sections.

The problem of the unsuccessful reader has been approached from many different sides. The physical bases have been investigated and organic (congenital word blindness) or neurological weaknesses, defects of vision and of audition, left ocular and manual dominance, have been named as possible causative factors. From the psychological angle, many investigators occupied themselves with research into the nature of perception, of the mental functions, of intelligence, of maturation, etc., and their bearing on shortcomings in the acquisition of reading techniques. The educationists attempted to trace the cause of shortcomings to inadequate techniques of teaching and to disregard of individual differences. Comparatively new is research into the relationship between a child's emotional and social adjustment and his attitude to the reading situation. The following article will attempt to point out the theoretical assumptions, and some of the practical experiences gained in approaching the problem of reading disability from this particular side.

To teach reading to senior boys of 14 to 16 is very often a roundabout process needing much preliminary spadework before the initial steps in the proper learning process can be undertaken. Though most of the boys have by that time realized the importance of reading, there exists still in many cases a vast amount of unconscious resistance. Many of them come from slum homes, from broken-up families, or are orphans or illegitimate. They have been delinquents, truants, absconders, have been in frequent trouble with the police, have been beyond home control and are in need of care and protection. Being pushed about from pillar to post, from one institution to another, they have developed feelings of resentment and hostility against the society of adults, to which they had been unable to adapt.

Intellectual subnormality is of little importance in this connection if demands are correspondingly lowered. Far more important is the subnormality in emotional and characterological respects, which is directly responsible for these children's inability to adjust themselves to the requirements of society, among them the task of reading. They become neurotic and delinquent, and reading represents

a prime target for their resentment because it symbolizes society in its worst coercive features.

There exists an interesting study of American retarded readers whose psychological make-up has been investigated.(1) It arrived at the conclusion that retarded readers are emotionally less well adjusted and less stable than normal readers, that they are insecure and fearful in relation to emotionally challenging situations, and that they are socially less adaptable to the group. How far the fact of non- or poor reading is causative for such an attitude, or merely strengthening an already inherent temperamental pattern, cannot yet be decided. But it may be surmised that here in the lacking personal adjustment is to be found at least a good deal of the contributory factors responsible for many children's reading disability, which is often merely traced to weak or inferior organic tools and inefficient teaching techniques. The effects of inferior organic endowment, and inferior methods of teaching, can after all be overcome and have been overcome as long as there exists motive power and drive.

A great amount of work has been devoted to the study of the import and significance of particular reading disability features. Reversals, addition and omission of sounds, substitutions, repetitions, additions and omission of words, have been named among others in the etiology of reading disability. These, however, are reading errors which are committed by every child learning to read. After an analysis of the reading errors, the fact emerges that they, by themselves, are by no means characteristic of a particular reading disability, like certain symptoms are characteristic of particular diseases, but are merely characteristic of a certain stage in the process of learning to read through which a normal child passes without much difficulty, whilst the reading disability cases remain for one or the other reason fixed at that stage.

Despite the existence of some sensory or psycho-physical handicap, this in itself does not provide the explanation for a fixation on such an unsatisfactory stage in a child's development which is sure to be exposed to nagging, threats and punishment by the family and near environment. This unreasoning, chilling reception of the child's apparent inability to learn to read, will contribute substantially to his unwilling and resentful disinclination to overcome his initial failure. The child is most probably insecure and anxious, possessing a weak and immature personality, lacking drive, and everything combines to reinforce the unsuccessful reader's negative attitude. The child, having realized that the time has come when he is expected to do his level best and to conform to the standards and expectations of the adult world, may, though consciously trying his best, put up, unconsciously, a barrier of resistance, thereby preventing that decisive plunge into adult reality which he is too immature yet to face and the first sight of which has frightened him.(2) If, moreover, the child happens to be subnormal in intelligence this will most probably only have been detected after repeated attempts at teaching have been unsuccessful, which should not cause surprise as it is just his lowered mental age which is responsible for his unreadiness to benefit by instruction at an early age. However, we can be sure that the shock of being forced to do something which the child was constitutionally unable to perform, will have conditioned the child to continue his negative attitude whenever the question of reading crops up, even long after his mental equipment is ready for use. In both cases, in that of the child with normal intelligence as well as in that of the sub-normal child, reading and unpleasant adult world will have become closely associated in the mind of the unsuccessful reader and will have produced a kind of conditioned reflex leading to continued non- or poor reading, though later on the child may consciously be very willing and eager to take up the difficult task of reading.

From all this, the problem of the unsuccessful reader emerges as being the problem of the maladjusted child. Reading disability in one or the other form is very often merely an expression of lack of adjustment to the reality of society, if the intelligence is adequate to master the complex processes of reading. The mere presence of adequate intelligence, as indicated by the results of intelligence tests, cannot however guarantee success in overcoming obstacles, as long as that intelligence has not been made to participate in the task and has not been integrated with the personality as a whole.

Broadly speaking, the boys of my class are badly adjusted to society. They are unstable, immature, anxious, lack drive and ambition and are weak. They are full of conflicts and a lack of security. Their acts of truancy, delinquency and absconding appear to be mostly acts of despair: a breakdown of the feeble self-control which has been weakened by constant feelings of insecurity and inadequacy.

There, then, a beginning has first of all to be made in stabilizing the unstable, in adjusting the unadjusted. As long as that negative attitude persists and no emotional rapport can be established, the non- or poor reader will remain the unsuccessful reader he is, because reading means to him the straight-jacket of a society which he rejects and perhaps attacks. Once, however, we are able to make the unstable and the insecure realize that there exists something like security and safety, that we are able to offer him shelter for his emotional distress, once we are able to let these emotionally disturbed children find some ground under their feet, we will have created the favourable atmosphere for endeavouring to teach detestable school subjects like reading.

The resentful, insecure, critical and timid attitude of many of these boys interferes considerably with the task of teaching to read, even though psychotherapeutic treatment may succeed to some extent in modifying the consequences of temperamental obstacles. Reading itself must become part of the psychotherapeutic treatment by inducing feelings of security and confidence in a task which can be mastered, and which makes the children shed these feelings of inadequacy which had led in the past to a flat rejection of reading. The method and approach must therefore be re-adapted to the needs of senior boys who are often nearly 16 years of age and have many of the interests of boys of that age, though only the technical skill of boys of 7 or 8 years of age. The material they work with, the books they are given, must be easy and must induce confidence but must at the same time not be " babyish " or "daft", as reading material written for so much younger children must inevitably appear to older boys. The process of teaching to read must appear " grown-up ", not comparable to the " baby-stuff " of the youngsters which carries unpleasant associations with it.(3) The process of improved reading must be speeded up; dazzling figures of achievements and improving reading skills act as a spur to throw into the race all the little energy available. Once some of the emotional obstacles have been removed by establishing a feeling of security, the undreamt of and intoxicating first success in reading creates the feeling of self-confidence which has been so deeply undermined in the past.

Teaching to read, that is to " bark at print " as it has been put so pointedly, is, however, not the final aim. Whilst it is perhaps comparatively easy to teach the skill of fluent reading, because it is a mechanical skill which is trainable once the necessary social and emotional adjustments have been made, the aim of reading is of course the understanding of what is being read. This is not as obvious as it may at first appear. Many readers of sub-normal intelligence obtain, for example, a skill of mechanical reading exceeding by far their intellectual capacity to grasp what they have read. We may disregard these cases as long as their comprehension of reading matter is level with their mental capacity. The real problem cases are those whose comprehension of reading matter is below their established mental capacity, although these readers are in the possession of an adequate technical reading skill. These readers, too, though fluent and efficient in their mechanical reading, have to be regarded as unsuccessful readers.

Most available tests of comprehension of reading are unsatisfactory when applied to particular cases like the present. However, their results, and the day to day observations in the classroom, can soon substantiate suspicions concerning the comprehension of those otherwise efficient readers. There are various factors which may be responsible for shortcomings and which may be listed as follows:

1. Lack of adequate experience.
2. Lack of adequate vocabulary.
3. Lack of emotional adaptability.

As far as the first two factors are concerned, their influence on the misunderstanding of reading matter is quite obvious. Particularly children growing up within the four walls of an institution, a residential special school, or an orphanage, etc., show quite a considerable lack of adequate experience which makes them unable to draw from a personal reservoir of experiences and associations to make their reading meaningful to them. The exceedingly small vocabulary resulting from the limited contact with the environment, leads of course to an inability to understand anything written in a slightly more mature language than the first primaries.

But I should regard of even greater importance the third factor, because here again can be found the roots of a deeply founded inability and unwillingness to overcome these obstacles. Here in the unsuccessful reader's personality we shall find a store of resentment, hostility and immature critical opposition, which are responsible for a pronounced tendency on the part of the reader to misconstrue the meaning of sentences, to overlook relevant

particulars, to read his own story into the story actually read, in short to go his own way in reading instead of following the author.

It is fairly easy to imagine how the understanding of reading matter can be seriously hampered by the interference of unsolved emotional problems. Understanding of reading matter is, after all, as Cyril Burt has pointed out, not merely an intellectual process as generally assumed. The printed symbols are meant to evoke certain mental pictures, to associate with certain experiences to be visualized and imagined. If it happens that reading evokes a different set of mental pictures than has been intended by the author, a private set so to speak, and that other associations than those generally accepted are the result, then we must assume that the final outcome will be a rendering of the story not as the writer has put it down, but as the reader has shaped it according to his own needs and wishes. In certain psychological procedures, such as the word association experiments, the same idea is utilized for uncovering the unconscious life of patients. We can well imagine that neurotic and anxious readers will often substitute their own thoughts for the author's thoughts, put words of their own invention in place of the actual printed words, mutilate and alter, a process which in fact is " parallel to those lapses of speech and memory, the slips of the pen, and the trippings of the tongue, which in adults have been shown by psychoanalysis to be so richly symptomatic of the profounder secrets of the individual's mental attitude."(4)

These children, so constantly struggling with their rebellious inner forces and devoting nearly all the little energy of which they are capable to the control of their mutinous inner life, are specially subject to an unconscious misrepresentation of their reading matter. Again and again their beloved *ego*, which they are carefully shielding, pushes into the foreground and takes the limelight, making them frequently unable to see someone else's point of view or even to pay sufficient attention to any other person to enable them to follow his words. In the class-room this can be clearly seen in the constant usage of the excuse : " I thought you said . . ." when it is pointed out to the child that he did not even trouble to take in the wording of a question. It can also be seen in composition and story telling where it is exceptional if a child is able to employ throughout his narrative the third person without changing over into the first person.

This dominance of the *ego*, so conspicuous in its personal life, must show itself in the way such a child absorbs his reading matter. The lack of emotional adaptability with its over emphasis of the *ego*, must thus contribute towards an increased misrendering of reading matter. The shaping and bending of reading matter according to the reader's own emotional life is greatly assisted by the inaccuracy of word pronunciation, by the small vocabulary which enforces more or less skilfull guessing, and by the narrow sphere of experience which has to be supplemented by the reader's own, and not always very healthy, phantasy.

The conclusion from the above is, that many of the difficulties of the unsuccessful reader must be sought in his own unsatisfactory personal make-up. Emotional maladjustment will in many cases express itself in poor academic progress, making use of existing weaknesses in the sensory apparatus. Special coaching and new teaching methods may not be successful as they do not treat primarily the root of the disability, but merely the symptoms. However, change in methods or special coaching are often due to and coincide with new teachers, new environment and a new encouraging approach ensuing in a perceptible change of the emotional atmosphere round the child. He may gain new hope and confidence in his own abilities, may feel more secure and thus the establishment of emotional rapport is facilitated. Co-operation and drive may not be long in forthcoming, and remedial work in reading will find little difficulty in eliminating the faulty reading habits which are now of a merely technical and habitual nature, deprived of their previous emotional roots.

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Training and Scope of Psychiatric Social Workers in Relation to Adults*

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Brevity may be the soul of wit, but abbreviations, and especially medical abbreviations, are an abomination. Nevertheless, I am so appalled by the prospect of saying Psychiatric Social Worker approximately thirty times in the course of twenty minutes that I ask your permission to say "P.S.W." instead. I would also like to point out that if I refer throughout my remarks to P.S.W. as "she", and to a Psychiatrist as "he", this must not be taken to imply that I personally disapprove of male P.S.W.s or female Psychiatrists. That is in fact far from the case.

In the short time allotted I fear I can do little more than range over the field and attempt to provide opportunities for discussion. I propose to deal mainly with psychiatric social work as it affects the Mental Hospital and shall try so far as I can to provide food for thought on the basis of the modern declension of the irregular verb: I am stimulating, you are provocative, he is offensive. For my own part, I will endeavour not to lapse too frequently into the third person.

We should remember how young a branch of social science psychiatric social work is. It was not until 1912 that it began as such in the United States of America. The Mental Health Course of the London School of Economics was not started until 1929, and it was not until 1936 that that great body, the London County Council, appointed full-time workers in all their mental hospitals. Possibly even now there are some mental hospitals in the country with no P.S.W. at all, and I know for certain that there are a number with only untrained workers.

We can perhaps take stock by asking one or two questions which, so far as I am concerned, must, I confess, be regarded as entirely rhetorical. Have P.S.W.s proved their usefulness? I have no doubt at all about this. Have they a function, or functions of their own, as distinct from other workers in the field? Again I think there is no possible doubt. Will a time come when with saturation, if it ever happens, as regards psychiatrists, psychotherapists, nurses and the many other ancillary workers in the field, who impinge on the patient and his problems, the P.S.W. will become redundant? This question was in fact posed to me sometime ago by an experienced P.S.W. who suggested that the answer might possibly be in the affirmative. For myself, I have no doubt that it must be in the negative.

In adult work there has been considerable variation of practice in different hospitals as to the use made of P.S.W.s, and I think it would be fair to state that neither the theory nor the practice has been so carefully worked out, nor so tidily arranged as in work with children. Team work has not been developed in the same way, but this may have some compensatory advantages.

Main Duties of P.S.W.s

1. To act as intermediary between hospital and relatives and outside agencies.
2. To obtain social histories when required, or to fill in gaps in such histories if these have been obtained elsewhere.
3. To render reports on home environment of patients about to leave hospital.
4. To make arrangements for accommodation where no home exists.
5. To supervise patients on trial whether at home or elsewhere.
6. To help in after-care of patients who have been discharged or of Voluntary Patients who have departed.
7. To assist in follow-ups or special investigations.
8. To assist in dealing with property of certified and discharged patients in those cases where personal contact may be essential.

In respect of these duties I feel the P.S.W. should cast round in her mind to see if some

* *Summary of paper given at Meeting of the Royal Medico-Psychological Association, on July 7th, 1948. Published by courtesy of the Editor of "The Journal of Mental Science".*

other person or social agency should do a particular job of work, or could do it better, and if not should get on with it herself.

In relation to this problem one might perhaps refer to a phrase which Dr. Golla used to be fond of using, " the imponderabilia ", that is to say, that in this type of work, so often it may be a comparatively trival thing that is of the most fundamental importance at any given moment. As recent examples within my own experience, I would quote the disposal of a Labrador dog who arrived at the hospital in the same ambulance with its demented mistress, and another case in which a canary in a cage and a couple of cats had to be dealt with as a matter of urgency. Trivial and though perhaps absurd from a purely objective standpoint these matters may seem to be, nevertheless they were, in my view, at that time, of absolutely fundamental importance for this reason: that they did present at that time the most acute problem in the minds of the particular patients who were the owners of these animals, and it is this type of situation that calls for rapid decision on the part of the P.S.W. in the selection of her work.

Where there are a number of psychiatrists, and a number of P.S.W.s in a hospital, with varying experience, temperament and ability, it is obviously desirable that the work shall be co-ordinated and canalized into its proper channels by some one person, whether a Medical Superintendent, or as I should prefer it, Clinical Director.

Relationship of P.S.W. and Medical Officer

In the relationship between Psychiatrist and P.S.W. I think it is important that each should try continually to keep in mind the differences between their respective trainings and background, for by so doing they are more likely to be able to co-operate with mutual sympathy and understanding for the benefit of the patient. We should all try to be aware of our own shortcomings, whether arising from our training or our temperamental defects, for then we shall be more willing to take advantage of what our partners in the work can offer us. And perhaps most important of all we should bear in mind the differing angles from which we view what is, or should be, our mutual interest, the patient. It is, I think, true, though no doubt regrettable, that there is still a proportion of Mental Hospital Psychiatrists who have undergone no personal analysis and who have but a superficial and theoretical knowledge of psychotherapy or even the dynamic approach, and many also who have little knowledge of social science or social conditions.

Too few of us have entered or are entering psychiatry after a period of probation in general practice. It is moreover true that many of us tend to remain for too long limited in our view of the patient. We are too easily encouraged or discouraged as to his future by the outcome of the clinical interview. We do not always take the trouble to enquire into all aspects of the case, nor try to assess the patient as a whole—his attitude to his wife and family, to his job, to his foreman, to those under him, in his play, his attitude to religion, to politics, to the dogs, the pub and the club. It is in regard to these important, if seemingly trivial things, that we can learn, if we will, a great deal from other members of the staff, and especially from the P.S.W.

Psychiatrists should remember, and I fear that many of them forget, or perhaps do not realize that a P.S.W. may get a better rapport with the patient than a psychiatrist, especially in paranoid cases, for in these the doctor tends to be regarded with suspicion because of his custodial function, whereas the P.S.W. is more readily welcomed as a link with the outside world. I fear that some doctors, instead of realizing this fact and making use of it to exploit the situation to the advantage of the patient, resent the fact and so tend to indulge in injudicious resentment.

The P.S.W., for her part, must likewise remember that there are psychiatrists and psychiatrists : that all of us are not psychotherapeutically minded, and that biochemists, pathologists, physical therapists, enthusiasts in group therapy, social clubs, psychodrama, cultural activities, electro-encephalography or what will you, all have their place in the scheme of things, even if they may have their blind spots in relation to the particular problems of the patient which are absorbing most of her activities.

It is for these and other more obvious reasons—the doctor of a particular patient may be young and relatively inexperienced (and it is, alas, the young and relatively inexperienced who so often know all the answers), or the P.S.W. handling the case may be newly fledged and floundering and lost, sometimes almost submerged, in one of our too large hospitals—it is for these reasons, I would stress that the importance of direction of the social

work of a hospital by one person cannot be overestimated.

All psychiatric social workers would agree that the work should be guided by a psychiatrist, but in the type of organization that we have today and are likely to have for some time to come, it may well be that if there is a clash of opinion between an experienced P.S.W. and a less experienced psychiatrist, the former may be more in the right of it : or perhaps it would be more diplomatic to suggest that the greater social knowledge and more mature judgment on social issues of the P.S.W. may offer a more fruitful future to the patient than the less balanced view of a junior psychiatrist. Psychiatrists should remember, and I fear that too often some of them forget, that their focus, by virtue of their training and the rather narrow bounds of their clinical room, is on the patient as a person to be cured or alleviated of his symptoms, whereas the P.S.W. has a different and perhaps in a number of ways a better and a wider focus, namely, on a social situation in which the patient is only a unit, albeit in some ways from the point of view of the hospital's service, the most important unit.

The doctor has been trained, as I think, rather lamentably (and I hope this will before long be altered), to look upon his patient as a case, and the P.S.W. has been trained more wisely to look upon him as a member of the community, whilst not losing sight of him as a person in his own right.

It is for these reasons, then, that I advocate as strongly as I can that one senior psychiatrist—whether he be the Medical Superintendent or a Clinical Director—should be responsible for the direction of the social services of the hospital. He (or she) should know the patients, the doctors, the P.S.W.s. He should allot the work to psychiatric social workers on the basis of the patient's needs—rather than on grounds of seniority, sex, administrative or geographical convenience (though all these may have to be taken into consideration)—and he should be available for consultation and guidance and maybe for explicit directions if that direful need should arise.

If it should be said that an Admirable Crichton, a person with exceptional qualities, is required, I agree, but then in my view, psychiatry, if it is to be well done, is a branch of medicine which calls for practitioners possessing exceptional qualities.

I can now only refer very briefly to a number of other aspects.

In an active hospital there is almost always more work to be done than can physically be achieved, and it is only after proper exposition and discussion that a decision can be made on the priorities, and as to which aspect of a case, or which case altogether, should be dropped when all the work on hand cannot be given full attention.

The management at home of acute and chronic cases on trial, discharged, or departed, is always a ticklish job, and often calls for snap decisions. One has to consider the family as well as the patient, and in our experience at St. Bernard's a temporary return of the patient to the hospital, even though he may not technically have relapsed to any real extent, has often eased the situation considerably, and also, in my judgment, though this can only be conjecture, prevented a severe relapse in a patient or a breakdown in a relative.

Another problem that one often meets, when patients are on trial while still showing residual symptoms, (and this applies especially to paranoid cases), is as to the right moment to break the link with the hospital by recommending the patient's discharge. We have found, by experience, that it is often better to cut one's losses by agreeing to this and to give the patient his chance to sink or swim on his own, rather than to insist on too high a standard of clinical recovery, when the patient is straining at the leash. In quite an appreciable number of cases we have noted a subsequent improvement, due doubtless to the patient's relief at the removal of certification. Conversely, with depressives and with patients lacking self confidence, and perhaps especially with certain epileptics, I feel very strongly that the link with the hospital should be maintained, sometimes perhaps even in the face of pressure from official bodies.

It is with regard to such problems as these—where the P.S.W. under psychiatric guidance, does the spade work—that I think it so necessary to have a senior clinician of the right quality in charge of the department, to direct, advise and to make the final decision when the need arises.

So far as the relationship of P.S.W.s. to modern trends is concerned, especially group therapy, social therapy and cultural activities, these offer a field for discussion, but I can do no more than refer to recent advertisements of posts in which it has been suggested that a P.S.W., as such, should be responsible for the organization of the social activities of the

hospital. I would enter a protest against this attitude. It may be that a P.S.W. with the right personality is exactly the right person for this type of work, but there are others who are not so suited, and quite definitely I would not regard it as a proper function in relation to the actual job of the P.S.W.

As far as training is concerned, is it long enough ? Is it comprehensive enough ? There are a variety of views. All I can say at present is that the time for learning, as with doctors so with psychiatric social workers, is really after graduation.

As regards mental health students in mental hospitals: our experience at St. Bernard's over a period of, I think, some two years, has been entirely satisfactory. We have found them stimulating, and helpful, and on enquiries from various grades of staff I have had no adverse comments whatever. They have been welcomed and useful.

Finally, I would make a strong recommendation that in a large mental hospital it is essential to have an experienced P.S.W., and that certainly no newly-qualified student should be pitchforked into a mental hospital for her first job unless there is already another experienced worker there to advise and guide her.

I would like to end by re-affirming my conviction that the best service will be rendered to the patients only by those hospitals, whose psychiatrists and P.S.W.s alike, realize to the full that each of them has an individual contribution to make. I think, too, that fuller understanding of their own individual psychologies by all members of the staff will engender a proper spirit of give and take. When that happy day arrives they will be truly fortified and able to work together in real co-operation, not only for the benefit of the patients whom they serve, but to their own fullest satisfaction.

Group Sentiment and Delinquency

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Principles

It is only neglect of the factor of group sentiment which has prevented investigators from recognizing that the young offender is, often enough, ultra-social rather than anti-social. The point has been well made by Mark Benney in his autobiography:

> " Any study of a criminal must first decide what is meant by the term crime. . . . I, for example, have been, am still a criminal. But there is a sense in which I have been an almost abjectly law-abiding person. From my very first years I adapted myself wholeheartedly to the community I lived in, accepting its values, obeying its imperatives, observing its customs. Submissiveness could go no further. If, then, law-abidingness is acting according to the dictates of the community you were born into, there never was a more law-abiding person than myself.
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> " But, unfortunately or otherwise, the community I was born into was a small one at variance with the larger community containing it. In obeying the laws of the criminal quarter, I incurred the disapproval of the law courts."(1)

This neglected sociological factor is obviously of the greatest importance for any proper understanding of delinquency.

That crime is greater in some districts than in others has been frequently brought out in local investigations(2), and in accounting for this, social workers who have acquired an intimate understanding of the local life generally lay much stress upon the lower moral tone in the high crime-rate districts. This does not mean that many of these communities are, like that described by Benney, actively criminal. Rather is there a general laxity of morals, issuing in greater tolerance of crime and criminality, and in a tendency, for example, to scorn as a " mug " the man who, being given change for £1 instead of 10s. at the " local ", decides that he ought to return the excess.

Yet when a child gets into trouble with the police no real attempt is made to deal with this vital problem of the local community. His parents are interviewed and are expected to raise their standards, but entirely without reference to the standards of the district in which they live. No one seems to realize how impossible it is for any person with a normal

share of social sensibility to swim against the stream of public opinion in this way. What a good augury for the future that in spite of all the persuasiveness of the probation officer and all the threats of the courts, the parents remain unreformed! Their sensitivity to the views of their fellows will ensure that they are equally resolute in the support of law and order, if only, by the dissemination of social insight, law and order can be made the ideal of the local community.

There is another type of group sentiment to be considered also: that of the local juvenile community—the gang. In one pre-war investigation(3) it was discovered that 71·6 per cent. of all crimes by boys in the London area were gang offences, and 74 per cent. in six typical provincial towns. The writers conclude: "It is obvious that the majority of offences are committed when boys are in company." Some doubt has been cast upon this conclusion by one of the contributors to the book, in a more recent but much more restricted study,(4) but even if the proportion is a little lower, it must be remembered that the influence of the gang is not limited to those crimes actually committed in groups. Many lone offences are committed by gang members in order to give them prestige with their comrades, and the general influence of the group is towards lower standards of responsibility and honesty in personal life.

There is a fairly general recognition of the influence which the gang exerts upon its members. But it does not seem ever to have been realized that this very obedience of the youthful gangster to the mores of his juvenile community is proof of his essential sociality.

The general undervaluation of the group-factor is probably due to the tendency of writers in recent years to concentrate upon the psychopathology of the individual delinquent. As a result there is a widespread impression that behind every delinquent act there lies a severe psychological conflict. It is not appreciated that, perhaps in most cases, the emotional conflicts of the delinquent lie within normal limits, and that the pressure of group opinion has been the decisive factor. This view receives powerful support from a careful clinical investigation of 803 delinquent boys and girls, conducted by the School Medical Officer of the L.C.C. in 1930. His report(5) points out: "In less than 2 per cent. of these cases did there appear to be a deeper psychological reaction calling for investigation." Nor does the classical work of Healy and Bronner (6) controvert this, for they studied only "potentially serious offenders", who might be expected to be more seriously disturbed than the general run of disorderly scamps.

Healy and Bronner have given, in the same book, a convincing account of the important part which group sentiment plays in the aetiology of delinquent activity, even in gravely disturbed children. Being prevented by circumstances from securing normal satisfaction from personal relationships, these children seek substitutive satisfactions. Though this in itself need not lead to delinquent behaviour, the substitutes found are in fact delinquencies, and this is due to the ideas current in their environment as to the permissible or customary modes of behaviour. Nevertheless, there still remains a small residuum of cases in which the group factor appears to be of little importance. These would include Bowlby's "affectionless thieves" whose social sense seems to be undeveloped (7) and also the psychotic, with their imperfect understanding of reality.

Therapy

Most of the proposals put forward for dealing with the gang come to much the same thing, and might be quite well expressed in the words of Professor Cyril Burt: "banish the ring-leader and break up the group".(8) The gang is not recognized for what it really is, a wholesome, and, to some extent, inevitable manifestation of the urge towards community. As a result the real need, to give the gang a socially valuable function, is not appreciated, while the efforts of well-meaning probation officers and social workers are dissipated upon the hopeless task of trying to prevent young people from associating.

Why have gangs, which are essentially social phenomena, become such anti-social forces? What is this process which now has to be reversed? One must, of course, bear in mind the well-known fact that membership of a group tends to weaken the higher faculties of judgment and reason, and makes possible outbursts of uninhibited emotion. This is the explanation of outbreaks of mob hysteria and violence. Nevertheless, very few even of those offences actually committed by delinquents, when in company, are of this sort.

The influence of the occasional, severely disturbed or truly criminal member upon the ideals of the gang must also be considered.

He may be the gang-leader. More often he seems to be an adept at "making bullets for other people to fire". Such an individual is a focus of infection, and susceptible only to highly skilled psychological handling—which he should receive. And his removal from the gang seems to be a precondition for successful therapeutic work with the group itself.

Part of the solution is probably to be found in the fact that most gang-members are in the pre-adolescent age-group. In his study of delinquency in Liverpool, J. H. Bagot(9) found that 63 per cent. of the offences committed by boys aged 8-13 were gang offences, and only 40 per cent. of those committed by boys aged 14-16. It is unfortunately true that modern urban life does not provide nearly enough scope for the spirit of adventure and the abounding energy of the younger group of children. There are few open spaces, and such as exist are often enough only available for polite summer evening perambulations, or "properly organized" cricket and football matches. Where is the opportunity for adventure in a society which treats tree-climbing, playing in bombed buildings, or riding "two on a bike" as delinquencies? Unless it is in being a delinquent.

There is clearly a task here for the youth leader, but clubs of the orthodox sort seem unlikely to serve the purpose. They are too orderly and disciplined.* It is necessary for the youth leader to capture the loyalty of these gangs, to seek to understand the needs which their delinquent activities subserve, and by treating the gang as a ready-made club, make it possible for those needs to be met in a socially valuable way. An outstanding piece of youth work along these lines was carried out by an American, W. R. George, who actually transformed his gang of young desperadoes into a posse of police auxiliaries. In tracking down criminals they found the thrills and the opportunity for comradeship and common achievement which they had sought formerly in anti-social behaviour.(10) The Junk Playground Movement sponsored by the National Under-fourteens Association(11) indicates another angle of approach to this problem.

Gangs seem to be of rather less importance among adolescent delinquents, but where they exist, the experience of the writer has been that here too delinquent behaviour was often indulged in because of the excitement it brought. It is noteworthy that George's "law and order gang" consisted of adolescents. But whatever the motive for delinquency, the keywords in the treatment of these older children, as in that of the younger, should be "diagnosis" and "sublimation". There is one difference, that as the older are more able to achieve some insight into their real motives and into the social consequences of their behaviour, group discussions, of the type suggested below for the adult community, should also have a place. The real education of the personality would thus become possible and the development of enlightened individuality promoted, as a healthy corrective to a herd tendency which has its own dangers.

Low parental standards play their part in determining the ideals of the gang, and, of course, of the individual delinquent also. It has already been suggested that this should be tackled by endeavouring to raise the moral tone of the neighbourhood.

The discussion of urgent local problems, including delinquency, should be encouraged among neighbourhood groups of adults. As a result there would soon be achieved a collective appreciation of the loss and inconvenience caused by them, and an attempt to find a collective solution would inevitably follow. The leader of such a group must beware of doing the group's work for it, for only if the members discover the truth for themselves will they be really convinced. The leader's function is therefore not a didactic one, but rather that of a tactful chairman, guiding the discussion, discouraging irrelevancies, and ensuring that the discussion is animated throughout by a generally felt sense of a real social situation to be coped with rather than by a mere desire for intellectual exercise. Wherever people meet they discuss such topics with great interest, but because there is no leader, with his eye on the objective all the time, they lose their way, and the discussions peter out quite aimlessly.

The spontaneous groupings in the neighbourhood—for example, "over the garden wall

** This undoubtedly accounts for the failure of youth clubs to appeal to the rougher and the delinquent elements in our juvenile population, and enable the less discerning of our youth workers to stigmatize these young people falsely as "un-clubable". A new youth club opened during the war in a slum district of Birmingham enrolled many young "roughnecks" during its early pioneering months, but as the members became orderly and law-abiding, and the club settled down into routine and respectability, the flow of new members ceased. (See "Youth in a City", Board of Education Pamphlet No. 117, 1943.)*

friendships", women who wait in the same fish queue, clients of the local pub.—may be utilized. The growth of social insight within these units will soon lead to integration between them, and the development of a real and informed local opinion on things that matter.

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The International Congress on Mental Health

London, August 11th to 21st, 1948.

Two-and-a-half years have passed since the National Association for Mental Health was asked to run international conferences in London by three separate bodies—the International Committee for Mental Hygiene, the International Committee for Child Psychiatry and the International Federation for Medical Psychotherapy.

After over two years of preparation, it seems hard to realize that the work of the Congress came to a successful conclusion last August and that the main task was accomplished. Comparatively little need be said about the two technical conferences on Child Psychiatry and on Psychotherapy. They both of them produced some useful papers and discussion which helped to clarify the main themes of aggression and guilt which they had selected. Those who attended them were, in the main, the same people as those attending the Conference on Mental Hygiene, and this meeting, which was the longest of the three, was also by far the most experimental and interesting.

The Preparatory Commissions, of which there were some 350 in 27 different countries, were perhaps the most important part of the whole Congress activity. The reports from these inter-professional discussion groups were edited and integrated for the use of the International Preparatory Commission which met at Roffey Park for a fortnight prior to the Congress. Something of real importance has been done in bringing together people from different professions who hardly knew each other in many cases, who have now learnt to work together for a common goal and are in a great many instances continuing to do so. The International Preparatory Commission produced an agreed statement for the Congress, which also was a considerable achievement since it was hammered out by 25 mature men and women from ten countries and from ten different disciplines. The Congress therefore started with a certain sense of a common objective, and the Mental Hygiene Conference was coloured throughout by the interest in the preliminary work which had been done and by the fact that the second speaker at each of the plenary sessions was reporting on the work of the International Preparatory Commission.

It is not remarkable that the inter-professional and inter-national groups which met with such enthusiasm throughout the Congress in London felt that their experience and work was perhaps the most useful part of the whole meeting. The Congress Bulletin, which had been issued during the year preceding the Congress, has had one issue since August and is to appear again in December, reproducing the various statements of these groups which met during the Congress and their comments on the International Preparatory Commission Statement. After December the Bulletin will be continued, and will be the first organ for international communication for the World Federation for Mental Health, to which reference is made elsewhere.

Allowing for the 183 people who registered as members but never turned up, or at any rate never claimed their papers, but including 280 relatives of members who had registered as such and attended the Congress, there were 2,204 people in attendance at the meetings in Central Hall and Westminster School. Almost exactly 50 per cent. of this group came from overseas and from 54 countries; the balance came from Great Britain.

The organization was effective and the comments on this were almost universally a tribute to the Organizer and his staff, as well as to the British as a group. The National Association, as the host for these three conferences, has certainly achieved

something of real value through the demonstration of first-rate efficiency, and the toughest critics from overseas, from the press and from those used to international meetings, were considerably impressed. They saw, as someone put it, that "the old lion can move". Our own press was not very inspired in its handling of the Congress. The overseas press, and particularly that of the United States, was exceptionally good and productive. The press were allowed in for the whole of the Congress, even the technical conferences, and, with possibly one or two instances from our own country, there was no unsatisfactory or undesirable reporting of the technical meetings. The B.B.C. came in late to the proceedings, but eventually a considerable number of broadcasts went out. The European service produced the outstanding instance of co-operation and of realization of the importance of what we were attempting. There were many broadcasts over the American and Canadian networks.

The specialist meetings, which were dealing with the particular interests of groups as apart from the general theme of the Congress, were very well attended, were interesting and enthusiastic. We owe considerable gratitude to the societies in London which made themselves responsible as hosts.

Under Lady Norman's able guidance, the social side of the Congress was extremely satisfactory, and there were very few people who were fortunate enough to be there who will readily forget the impression made by Sir Owen Morshead during the visit to Windsor Castle.

It is extremely difficult to assess the results of such a Congress. The World Federation for Mental Health was brought into being, as also was the International Association for Child Psychiatry. Many old contacts were renewed for the first time since the war and a vast number of new contacts were established. Discussion groups in many places are continuing their work and new ones are coming into being. Reports are being given and special conferences organized to continue the discussion of the Congress topics in many countries throughout the world. UNESCO and the World Health Organization are both of them considering the recommendations contained in the International Preparatory Commission Statement and approved by the Congress as a whole. Men and women in various parts of the world are certainly rather more alive to the possibilities of the particular approach which this Congress was emphasizing. They realize, and are able to demonstrate to other people, that team work between social scientists and doctors is necessary for improved mental health. Most carry with them the conviction that human nature and social institutions also are capable of modification, and there is some evidence that people feel that this emphasis on mental health provides some new hope for a troubled world. How far all this may lead us in the future depends largely on how much we in this country and our friends and colleagues in other countries follow it up, and how seriously we work to broaden our outlook, deepen our knowledge and propagate our ideas.

It is hoped that the printed proceedings of the Congress, which will appear in five separate volumes, will be available early in the New Year.

J. R. REES
(*President of the Congress*).

Conference on Mental Health

MARCH 17th-18th, 1949

The next Annual Conference of the National Association for Mental Health will take place on Thursday and Friday, March 17th and 18th, 1949, at Seymour Hall, Seymour Place, London, W.1. The preliminary programme is as follows:

THURSDAY, MARCH 17th

Morning and Afternoon Sessions:

"First Experiences of Recent Social Legislation and Implications for Mental Health" (National Health Service Act, National Assistance and National Insurance Acts, and The Children Act, etc.)

FRIDAY, MARCH 18th

"The Need for Understanding the Individual" (as part of the Training and Function of Doctors, Nurses, Teachers and Social Workers).

Conference Fees	£	s.	d.
Inclusive Ticket admitting to all sessions and including printed report of the proceedings	1	5	0
One-day Ticket admitting to morning and afternoon sessions, March 17th or 18th ..		11	6
Sessional Ticket (admitting to one session only, morning or afternoon)..		6	0

Copies of the printed Syllabus and Tickets may be obtained on application to

The Conference Secretary, N.A.M.H., 39 Queen Anne Street, London, W.1.

News and Notes

World Federation for Mental Health

A World Federation for Mental Health was established in London last August during the International Congress, in place of the International Committee for Mental Hygiene (founded in Washington in 1930 and which lapsed during the war years.) Dr. J. R. Rees, C.B.E., was elected President for the year 1948-9, Dr. André Repond (Swiss National Committee for Mental Hygiene), Vice-President, Dr. Frank Fremont Smith (U.S.A.), Hon. Treasurer, and Dr. Kenneth Soddy, Hon. Secretary. A constitution was approved, and an Executive Board, consisting of 12 delegates from founder members national organizations, was appointed with Dr. H. C. Rümke of Holland as Chairman. Dr. Doris M. Odlum was elected to the Board as Representative of the United Kingdom. The National Association for Mental Health is a founder member of the Federation. The first meeting of the Executive Board will take place in Amsterdam, from January 5th-9th, 1949, and the second Mental Health Assembly is being fixed for the second-half of August, 1949, in Geneva.

The incorporation of the Federation as a company without profit is now being completed in Switzerland, where it is hoped to set up a permanent secretariat. In the meantime, the Federation has a temporary office in London.

The chief objects of the Federation are to promote among all peoples and nations the highest possible level of mental health, and to assist in developing an informed public opinion on matters relating to mental health. Membership of the Federation is open to any national or other organization whose purpose in main or in part is the promotion of mental health and human relations and/or the study of problems in these fields, and whose membership in the Federation shall have been approved by the Mental Health Assembly in accordance with the Articles. The minimum annual subscription for national organizations desiring to become members of the Federation has been fixed at 400 Swiss francs.

The World Health Organization and UNESCO have accepted the World Federation as a non-governmental body with consultative status, which means in general that the Federation will be kept in touch with their activities and will be asked to help in various ways.

Large funds will be required to enable the Federation to do really effective work. All countries, therefore, have been asked to assist in fund raising. The Federation's work in promoting friendly international relations should commend itself to everyone, especially at the present time, because of the general state of anxiety and the very obvious need for improved human relations and better mental health. The Federation looks to this country for substantial financial help, and it is clearly the duty of the member organizations to raise large sums of money, in addition to their subscriptions, if the Federation is to become firmly established.

Mental Deficiency Group

There has recently been formed within the National Association for Mental Health a Group whose function it will be to consider problems connected with mental deficiency administration, particularly those arising out of recent legislation.

Mrs. Hester Adrian, J.P., a member of the East Anglian Regional Hospital Board and President of the Cambridgeshire Voluntary Association for Mental Welfare, has consented to act as Chairman. Other members of the Group include Medical Superintendents of mental deficiency institutions, Mental Health Officers of Local Health Authorities and members of the National Association's Social Services Committee who have a special interest in mental deficiency, amongst whom should especially be mentioned Dame Evelyn Fox.

The Group, which held its first meeting at the end of October, is at present considering questions concerning the provisions of the National Health Service Act, the National Insurance Act and the National Assistance Act in so far as they relate to the welfare of defectives. Other matters will be dealt with as and when the need arises.

Essay Competition for Mental Nurses

Arrangements are now in train for the 1948-9 Essay Competition for certificated mental nurses, founded by the Society of the Crown of our Lord, and administered by the National Association for Mental Health. A Selection Committee has been appointed to choose a subject and to adjudicate on the essays received. An announcement on the terms of the Competition will shortly be available.

Social Workers in Mental Health

In view of the acute shortage of trained social workers in the mental health field, and the increasing demand for services of this kind which experience and also recent legislation have served to enhance, a special Committee has now been set up by the Minister of Health to consider and make recommendations on questions relating to the supply and demand, training and qualifications of social workers in the mental health service. An interim report on psychiatric social workers is also to be presented.

Professor J. M. Mackintosh, Dean of the London School of Hygiene and Tropical Medicine, London University, is Chairman of the Committee which includes among others Dr. J. B. S. Lewis, late Medical Superintendent of St. Bernard's Mental Hospital, Southall; Dr. R. M. Bates, Medical Superintendent, Royal Eastern Counties Institution

for Mental Defectives, Colchester; Dr. Kenneth Soddy, late Medical Director of the National Association for Mental Health; Miss S. Clement Brown, member of the Association of Psychiatric Social Workers, and Miss J. M. Mackenzie, Secretary of the Training and Education Department of the National Association for Mental Health. The Association has been invited to give evidence and has prepared a memorandum for submission to the Committee.

Dr. Alfred Torrie

We have pleasure in announcing that Dr. Alfred Torrie, formerly Director of Army Psychiatry, has been appointed Medical Director of the National Association for Mental Health in succession to Dr. Kenneth Soddy, whose resignation was reported in our last issue.

Dr. Torrie, who had a distinguished war record and attained the Army rank of Brigadier, has been closely associated with the Mental Health movement for many years. For some time he was Hon. Secretary of the Prevention and Early Treatment Committee of the National Council for Mental Hygiene. He is well known in the National Association and has served on its Public Relations Committee.

The W.H.O. and Mental Health

It is interesting to record that Dr. G. R. Hargreaves, O.B.E., who was Chairman of the Business Committee of the International Congress on Mental Health, and is at present Principal Medical Officer, Lever Brothers and Unilever, Ltd. has been appointed Director of Mental Health to the World Health Organization. He is expected to take up his duties early in the New Year. It is noteworthy that the Executive Secretary to the World Health Organization, Dr. G. Brock Chisholm, is also a psychiatrist.

New Publications

Agricultural Hostels.

The National Association for Mental Health has issued an attractively illustrated leaflet describing its work in setting up Agricultural Hostels for mentally handicapped men, the majority of whom are on licence from Institutions. The success of this experiment, started during the war years, has been remarkable, and efforts are being made to establish similar hostels for other categories of workers. Copies of the leaflet may be had on application to the Association (2d. each).

Occupation Centres

Another new publication which has been urgently needed for a long time is *Occupation Centres for Mentally Defective Children* (price 9d., postage extra). This is intended primarily for the use of local authorities, but it should also be of general interest to those who are concerned with the training of defective children.

Hospital Administration

An interesting innovation is to be introduced by the King Edward's Hospital Fund, who, it was recently announced, has decided to establish a division of hospital facilities which will comprise an information bureau and advisory service, a library of hospital books and other publications, and an index to the hospital literature of this and other countries.

The division, the Director of which will be Captain J. E. Stone, is intended to assist hospital authorities to obtain a comprehensive review of thought and practice in hospital organization and management, and should also be useful to holders of bursaries, students of hospital administration, organizations interested in hospital work and practice, hospital committees and architects, and officials and other visitors from overseas who desire knowledge of hospital affairs in this country; in addition it should be a valuable centre for administrative research.

This centralization of information should prove not only of great value to all concerned, but also time-saving. The King Edward's Hospital Fund is to be congratulated on its enterprise in initiating a service which should fulfil a most useful function and promote a wide diffusion of ideas and knowledge.

"The Needs that Remain"

The publication of Lord Beveridge's report on "Voluntary Action" is an event of importance for all concerned with voluntary organizations, and we hope to publish a review worthy of it in our next issue.

Meantime, we would invite attention to one point of special interest to readers of this Journal—viz., the absence of any consideration (except a passing reference to the certified mental defective) of the needs of the *mentally* handicapped in the community. In the Preface it is stated that certain forms of voluntary action have had to be omitted from the Report, but even here this particular example of omission is not cited.

This, we suggest, provides another indication of the distance to be travelled before the community as a whole becomes conscious of the significance of mental health and the needs of those who suffer from the lack of it. The field of mental health education has, in fact, hardly begun to be tilled and the task awaiting those workers who have accepted responsibility for it, is almost unlimited in scope.

International Conference on Speech Therapy

An International Conference on Speech Therapy was held at the Royal Society of Medicine from September 20th to 24th, and was attended by delegates from 15 different countries, many of whom presented papers. Although, for some, this involved speaking a foreign language, those present were impressed by the high level of performance as well as by the universal appeal of

the subjects selected for an audience composed of specialists.

The close relationship between psychological maladjustment and certain types of speech disorders (e.g. stammering) has long been recognized, but it is becoming increasingly realized that some degree of nervous instability is bound up with almost every defect of speech. This fact was demonstrated by one speaker after another during the course of the Conference—with the corollary that the Speech Therapist cannot work successfully in isolation but needs the closest possible contact and co-operation with other specialists, among whom must be included medical and educational psychologists. The titles of the following papers are of particular interest in this connection : "The Emotional Background of Stammering"; "The Treatment of Child Stammerers through the Principles of Jungian Psychology" ; "The Role of Emotional Problems in producing Disorders of Speech" ; "The Psychological Approach to the Pre-School Stutterer".

These, however, were not the only instances in which the psychological aspect of the problem was stressed. Papers dealing with the effects of head injuries upon speech drew attention to the therapeutic value of early treatment as a means of re-assuring the patient, and the constant endeavour to provide encouragement and a sense of normality in his relationships with other people. The restoration of self-respect is held to be a most vital link in the chain of complete rehabilitation in such cases, and also where the faculty of speech has been impaired through surgical operation (e.g. total laryngectomy) or is imperfect through organic malformation (e.g. cleft palate.)

It may be seen that the Speech Therapist realizes how close is the relationship between mental health and verbal expression, and how great is the need to work with other specialists for the rehabilitation of the patient. To attempt to treat the speech difficulty as an isolated symptom is an out-moded technique.

International Bodies

A sign of the times is the increasing number of organizations which are establishing permanent international connexions, this being especially notable in the social, educational and medical fields. This is a heartening recognition of the fact that the field of human knowledge knows no boundary, and that there is everything to be gained by an interchange of ideas and experiences between all peoples and nations.

In addition to the newly formed international organizations referred to elsewhere in this issue, mention should be made of the World Council for Early Childhood Education established at the international conference which took place in Prague last August. According to the draft constitution, the objects of this world council will be to promote the education of young children of all countries, especially nursery school education, as a contribution to happy childhood and home life and thus promote peace among the nations. An interim commission, of which Lady Allen of Hurtwood is one of the Vice-Chairmen, has been appointed to prepare for the first world assembly which it is proposed to hold in Denmark.

Conference of Educational Associations

The 32nd Annual Conference of Educational Associations will be held at King's College, Strand, W.C.2, January 3rd to 9th, 1949. There will be a number of open meetings for which various organizations are providing speakers, and the National Association for Mental Health has arranged for Miss E. M. Bartlett, Ph.D., to speak on "The Handicap of High Intelligence". A copy of the printed syllabus may be obtained on application to the Secretary, Mrs. Vera Chedburn, M.A., Conference Office, 169 Strand, W.C.2.

Obituary

Dr. Susan Isaacs. With the passing on October 11th, 1948, of Mrs. Susan Isaacs, C.B.E., M.A., D.Sc., this country has lost a distinguished pioneer in the field of child psychology, and one whose work in this connection was widely known in this and other countries. All those engaged in the field of mental health know what a great debt is owed to her work and teaching, and how much she did to promote a wider understanding of the subject among all sections of the community. Her valuable contribution to psychological literature will remain as a lasting memorial to her life's work, and will continue to inspire and help to guide students of child psychology. Among her best known publications is *The Nursery Years* (1929).

Dr. Isaacs was a keen supporter of the nursery school movement, for which she worked indefatigably, and she also provided important evidence for the Curtis Committee on the care of children. She had been a member of the National Association for Mental Health, and it shares with other bodies with which she was associated a deep sense of loss.

The Bishop of Wakefield. The Right Rev. Henry McGowan, D.D., whose death took place recently, was a member for several years of the National Association for Mental Health which has particular cause to remember with gratitude his part in launching the Birmingham and Midland Branch of the Association of which he became the first Chairman, when Archdeacon of Aston. The Bishop was well known for the keen interest he showed in all aspects of community life, not least of which was the subject of mental health, and the encouragement which he gave to the Birmingham Association undoubtedly helped to place it on a firm foundation and influenced many supporters.

The Association has lost a valued friend, and deep sympathy is extended to his widow and family in their bereavement.

Book Reviews

The Doctor and the Difficult Adult. By William Moodie, M.D. Cassell & Co. 15s.

Dr. Moodie modestly suggests in his preface that his book " though primarily for medical readers, . . . may be useful to (other) professional people whose work brings them into contact with problems of human thought and conduct ". The reviewer feels that it is one of the most practical and understandable books he has seen on the subject of psychotherapy. Not least of its values are the illustrative cases appended to each chapter.

But the book's main virtue is its concrete guidance to the non-specialist. In these days when the psychiatric profession cannot, owing to its limited size, begin to cope with the vast numbers of emotional problems that beset people in all walks of life, and when prevention or early treatment on a modest scale is so important, Dr. Moodie's kind of exposition is essential. He never forgets Hippocrates' dictum, do the least harm, and between the amoral tenets of some therapists and the blindnesses of some moralists, he steers a wise and sane course of balanced wisdom and sage judgment. He is no more sparing in his criticism of ultra-" modern " methods of child rearing (Chapter X), for instance, than of the old school parent. His observations on sex education (Chapter X) for children are cool and penetrating: in a convincing way he points out that the child is no more interested in this subject than in the intricacies of catechism. (One is reminded of Dr. Clendening's observation, " The gutter is an excellent school ".) These are but examples of his clinical judgment and able presentation. And in all cases he is explicit and unequivocal in his own advice.

His descriptions of the various neurotic syndromes (Chapter IV) are outstanding for their palpable relevance, and he makes important distinctions that, in many books, are lost in muddles of words, e.g.: " Although the anxiety neurotic appears to be sensitive to things that happen around him, his feelings are really dull, and it is only his concentration . . . that is greater than normal "; and he goes on to amplify this point, and others like it that are so frequently misunderstood in popular conception, in understandable language.

But it is Dr. Moodie's discussion of treatment and psychotherapy, especially in Chapters VII and IX, that the reviewer feels to be the outstanding contribution of the book. His important delineation (page 19) of the " unemotional attitude of understanding without sympathy " ; the importance of always thinking of and treating the patient not as a simple unit but as a member of various social groups (page 199) ; his comments on the giving of advice (page 201)—indeed all his comments on the structuring of the doctor-patient relationship and the process of therapy, are models of sound thought manifestly based on wide clinical experience, and of clear exposition—clear despite at times a somewhat clumsy style of English.

Finally, the reviewer was impressed by the general method of psychotherapy which Dr. Moodie describes. Whether he is familiar with the work of Dr. Carl Rogers which is achieving considerable standing in America under the name of " non-directive therapy ", Dr. Moodie does not say; but it is clear that his method is very similar to this intrinsically and clinically sound approach. And in the course of his discussion he incidentally clarifies the distinction between the non-directive and the analytical approaches—a distinction which is often denied or misunderstood and which is important because the non-directive method is amenable to general use, whilst psychoanalysis is safe only in the hands of the few. J.F.S.

The Likes of Us. By G. V. Holmes. Frederick Muller, Ltd. 7s. 6d.

The fact that a second impression of this book has followed hard on the heels of the first, is evidence of the welcome that has been given to it, and to that welcome we would add our own. No one responsible for Children's Homes, or employed in them, should be without the book for it contains an answer to the question which the writer—an ex-Barnardo child brought up in the Barkingside Village Home—suggests should have been asked of the people primarily concerned when the Curtis Committee was drawing widespread attention to the whole matter: " What do *you* really think ? What are *your* views ? "

In the book a vivid picture is presented of the life at Barkingside—of its joys and sorrows, its opportunities and limitations, its hopes and fears, its high lights and its daily routine. Perhaps the outstanding fact disclosed is the degree to which the particular foster-mother concerned succeeded in making for her adopted family a real home atmosphere, so that the term " Mother " was one that meant something precious to the child using it. At the same time, the ecstatic discovery that the new Governors of the Village actually were interested in *older* girls, reveals a wistful longing for that membership of a natural family group from the loving security of which a child brought up even in the most ideal " Home " must inevitably be deprived.

Two further examples may be given of ways in which these children reacted towards particular incidents.

At Christmas it used to be the custom for " Mother " to distribute from a large sack parcels addressed to individual recipients which had arrived

by post, and afterwards anyone not fortunate enough to receive such a parcel was invited to have the first choice from a second sack filled with toys deposited at each cottage by Father Christmas. The child without a personal parcel did not feel hurt because she knew that to her would be given this privilege of the first choice. Later, however, a well-meaning staff " put in " a parcel for everyone so left out, with an enclosed greeting card. The author's comment on this is illuminating. " It did nothing," she writes, " to dispel that faint chill of loneliness ".

> " If a parcel was not actually there, one could airily say: 'Expect it will come later'—knowing perfectly well it couldn't—but the 'made-up' parcel deprived us of this fierce wall of pretence and left us quite defenceless."

The second example will be of special interest to readers concerned with the welfare of mental defectives. As part of the general re-organization of the village consequent on the arrival of new Governors (Miss MacNaughten and Miss Picton Turberville), children who were feeble-minded (familiarly known as " potties ") were taken out of the Cottage Homes and housed in a separate building. Popular comment on this reform ran as follows :

> " At first we were indignant, surely they were better with us, but "Mother" explained that they needed special 'modern' care. . . . We felt they had been *our* 'special care', and never did I think this putting them together was a good idea. They seemed to us to grow into 'naughty girls' . . . Maudie summed up the situation well when she said 'All them potties together, ours and all, oh lor!' Mother's 'Hush, Maudie' was only mechanical."

These two examples will serve to show the type of information the book contains and the author's gift as a narrator. There is not a dull section in its 192 pages, and all who love children, and specially those whose business it is to promote their mental health and happiness, will feel grateful for its publication. A.L.H.

Modern Mental Treatment. A Handbook for Nurses. By E. Cunningham Dax, M.B., B.S., B.Sc.(Lond.), D.P.M. Faber. 4s. 6d.

This little pocket book gives a brief, sensible and readable account of modern forms of physical treatment for mental disorder: a few pages are devoted to each of electro-convulsant therapy, insulin, modified and deep, prolonged narcosis, leucotomy, malaria and drugs.

There is no doubt that the book will be thus a very valuable one for nurses, both as an introduction to their work, and also as an easy reference book.

There is, however, one criticism to be made and that is of the title. In his introduction, the author stresses in a few succinct, but all too short, phrases, the paramount importance of the general bearing of the nurse and of the atmosphere of the hospital: and elsewhere it is true he mentions that the need for the comas of insulin should be only part of a general programme of sympathetic handling. But this is all, and in a book with this title it is far too little and, indeed, gives a wrong proportion to the young nurse. Dr. Dax's views are well known and this is therefore surprising. Perhaps his book should have been called " Modern Physical Treatment " ? R.F.T.

Clinical Psychology: A Case Book of the Neuroses and their Treatment. By Charles Berg, M.D., D.P.M. George Allen & Unwin, Ltd. 25s.

The author of this book needs no introduction as he is already well known to a wide public as the author of *War in the Mind* and *Deep Analysis*, this latter book being the vivid presentation of a patient undergoing a Freudian analysis.

In *Clinical Psychology*, the author commences on a personal note describing the " Odyssey " which eventually led to his own analysis. This introduction has a message for many today and it should appeal especially to General Practitioners.

Anxiety States, Hysteria, Hypochondria, Drug Addictions, Epilepsy, Obsessional States, Depression, Mania, Schizophrenia and Psychopathic States are all deal with from the analytical viewpoint. These chapters are interspersed with numerous examples of analytical sessions with the analyst's comments, and include notes on the psychopathology of these states.

The final section of the book deals with treatment. Endocrinology is given a " back seat ", although the author points out the value of thyroid in well-chosen cases. He rightly draws attention to the importance of physical examination in neurotic patients to exclude organic disorders, such as Addison's disease, and he rightly stresses the role that nature plays in regulating the endocrine balance. He mentions, somewhat briefly, some of the most useful drugs and considers that continuous narcosis is only rarely indicated. His views on narco-analysis and narco-hypnosis will meet with much opposition by their advocates. He considers that " those who have resource to these aids to psychotherapy are naturally those whose technique is most in need of aid ". E.C.T., Insulin therapy, and pre-frontal leucotomy are briefly noted, but the student of psychiatry would be well advised to turn to more detailed works to gain knowledge of modern physical methods of treatment.

It is disappointing to find that only Schilder's name is mentioned in connection with group therapy. One would hardly expect Dr. Berg to be so critical if he knew more about the analytical approach to group therapy of such workers as Bion and Rickman, Ackermann or Foulkes. That it is possible for a group to gain insight into its unconscious reactions has been definitely shown by all these workers, none of whose groups would be likely to degenerate " into the equivalent of a modern House of Commons " as Dr. Berg imagines Dr. Schilder's groups might do if group relationships are left to find their level. The analysis of the

" here and now " situation in the group and the gaining of insight by the group are points which are not altogether ignored by these workers ! The value of the early work done on group research in this country is only now beginning to bear fruit, as is shown by the very useful work in specific social field situations by the staff of the Tavistock Institute of Human Relations. One does not perhaps expect Dr. Berg to suffer gladly the exponents of narco-analysis, but to damn analytical group therapy with such faint praise shows a surprising lack of awareness of present-day work.

This hiatus is, however, more than adequately compensated by the chapters on analytical technique which are well written by an expert who speaks with confidence and authority, after experience of analysis at a deep level both as analysand and analyst. They are a useful introduction to any reader who wishes to pass on to a more serious study of psychoanalytical technique. The author's approach to clinical psychiatry will no doubt meet with much opposition by the general body of readers. Freud has pointed out more than once that the public cannot be expected to digest psychoanalytical concepts, and it may well be that an analysis is the first requisite before the reader can accept much in this book. Nevertheless, it is strongly recommended as it gives a broad outline of the psychoanalytical approach, and for those not familiar with medical or psychoanalytical terms a useful glossary is added. The matter is good, the presentation vivid, the style forthright and the whole book essentially readable. Dr. Berg should feel well satisfied with his efforts.

F.T.S.

Psychology and Mental Health. By C. W. Valentine, M.A., D.Phil. Methuen. 4s.

Professor Valentine's broadcasts on this subject evoked so much attention from listeners, that he has very rightly decided to publish them in this small book. In simple terms he tells of common mental reactions, of difficulties and their solutions.

The book is primarily designed for the interested layman, and will be very valuable to him, either in dealing with the troubles of his friends, or his own. The author makes it all sound perhaps a little too easy and too simple, but this is the only complaint to be made of a very excellent little book.

R.F.T.

Normal and Abnormal Psychology. By J. Ernest Nicole, O.B.E., D.P.M. George Allen & Unwin, Ltd., London. 8s. 6d.

Although Dr. Nicole, in his preface, makes it clear that his book is intended largely for the use of nurses and others who need to show some knowledge of psychology in their work and training, it is perhaps unfortunate that the title itself does not indicate the very elementary nature of this book. This very remarkable book endeavours to cover, in 94 not very closely printed pages, the whole of academic psychology, the views of the principal schools of psychopathology, symptom formation, psychosomatic medicine, the principles of the central nervous system and applied psychology. Whilst the success with which this aim has been achieved reflects great credit on the author, it serves to emphasize that the book is meant only for the very elementary student of the subject.

On the whole, the balance between what is put in the book and what is left out is well maintained, but the necessity for brevity and the nature of the audience for whom the book is intended means that certain statements must be closely scrutinized if they are not to mislead. Although the more advanced student reading this book would have no difficulty in appreciating the author's meaning and intention, there are passages which might confuse the elementary student for whom they are intended. In particular, the author's attempt to give the view-points of so many different schools without coming down very strongly in favour of any one of them, must leave the elementary student somewhat confused as to what line to follow. This is more than ever noticeable since only the most superficial comparison between the various schools of thought is possible in such a brief book. Some confusion, too, is likely to arise over the frequent use of the word " mental " which, to the mind of the reader, may imply only its more common everyday usage. Indeed the emphasis in this book seems to be unfortunately strong in the direction of the psychoses, and the impression would remain to those not well acquainted with the subject that the psychoneuroses were merely minor manifestations of the insanities.

Dr. Nicole is at his best in the chapter describing symptom formation and he is to be congratulated on the very excellent illustrative cases he describes, which sum up the picture very adequately, without being in any way lengthy. This chapter alone would make the book of very great value to those beginning the study of the subject. On the other hand, his approach to psychosomatic medicine is rather too technical and complex for a book of this type. Perhaps the main weakness of this book is the chapter on the applications of psychology in general life. Although difficulty here is obvious in a book of this size, in view of the enormous scope of the subject, there does seem some lack of balance in what is mentioned and what is omitted from this chapter. The brief synopsis of the anatomy and physiology of the central nervous system, given in the appendix, is very well done, but perhaps might well have been omitted in a work of this type and replaced with more value by further details on the actual subject matter of the book. There is a very useful glossary, the definitions of which are models of brevity, accuracy and clarity in the space available, although it seems hardly necessary to occupy space by definitions of such words as " oral " and " visual ". A number of suggestions for further reading are incorporated

in this book and although there are certain obvious omissions, the list is a remarkably complete one.

Despite the shortness of the book and the vast fields which it covers, there is no suggestion of its deteriorating into a mere tabulated synopsis. On the contrary, it is clearly and pleasantly written, easy to read and a book which is likely to stimulate interest and further study. It has carefully avoided the common pitfall, even of elementary books on psychology, of using too many technical terms. In general, it is a very valuable addition to the field for which it is intended and should prove one which will not only provide the elementary student with the information which he needs, but which will give him a very excellent insight into the possibilities, as well as the problems, of psychology and psychopathology. T.A.R.

Mental Abnormality: Facts and Theories. By Millais Culpin, M.D., F.R.C.S. Hutchinson's University Library. 7s. 6d.

Dr. Culpin has long been well known as a masterly and entertaining champion in the fight against prejudice, and one can imagine no better author for such a title. His small book is well written and will appeal to the lay public: but it also contains much wisdom for the general practitioner and for the psychiatrist.

He sets out to survey the whole field of psychiatry, so that great clinical detail is obviously impossible: nevertheless there is ample compensation for the lack of this in the lucidity of Dr. Culpin's style and his refreshing commonsense approach. An interesting and welcome innovation in a text book on psychiatry is Dr. Culpin's inclusion of many phenomena usually regarded as within the territory of the spiritualist,—thought-reading, water-divining, and mediumism: these are described mostly from the author's own personal experience, and analysed in terms of psychological mechanisms, and certainly should be widely read.

His last chapter on the place of psychopathology in human affairs is all too short: but if his aim is to provoke discussion on this theme he will certainly succeed, although the average reader may be rather keenly disappointed that he is given no more of Dr. Culpin's own views. R.F.T.

Psychotherapy in Child Guidance. By Gordon Hamilton. Columbia University Press. 1947. pp. 340. $3.50 (22s.).

Sometimes one wishes that the paper shortage would reach America. Here is a book which sets out to be an authoritative book on the social worker's role in psychotherapy. The field studied is the network of clinics and social organizations for the welfare of children provided by the Jewish Board of Guardians. In a foreword, Dr. Nathan Ackermann claims here "that positive commitments are made in both the theory and practice of child psychotherapy", but there is a good deal of repetition and the material is not presented in a very orderly fashion. Professor Gordon Hamilton describes for example the methods used by psychiatric social workers who are undertaking very much more than family casework, and are in fact carrying the main burden of psychotherapy. But it is not until page 214 that it becomes absolutely clear that in many cases the same social worker treats both parent and child. Not only in the U.S.A., but here in England all practising psychiatrists know that they are faced with what is virtually a breakdown in the provision of therapy, owing to the large number of cases requiring treatment. The solution is usually to put patients' names on the waiting list. It must be a common experience at many clinics that some situations improve during this period of waiting, so that one is led to wonder whether something was wrong with the diagnostic procedure: and some situations become very much worse, so that children have to be handed over to Juvenile Courts. Their problem might never have reached such dimensions had treatment been given at the appropriate moment. Thus an authoritative word on the selection of patients for treatment and the points which guide the psychiatrist in deciding whether this case must be carried jointly by psychiatrist and social worker, or whether it could be carried wholly by one or the other, would have made a very interesting chapter in this book. But nowhere, except in the most general terms, are we given a picture of what principles guide the plan for treatment.

In a general way, it appears that the most severely disturbed cases are treated by a psychiatrist working jointly with a social worker, but many of the cases cited, and recorded material is given very fully, are by no means only lightly disturbed.

After a broad description of the development of psychotherapy in relation to children, beginning with the early treatment by Healy and others of delinquents, following on to the rise of psychoanalysis in the thirties, and from there to an understanding of the relationship and development of the modern psychotherapeutic situation, the author makes it clear that for the last 20 years workers in the field of social psychiatry, particularly with children, have had to deal with not only disorders of personality, but with disordered situations associated with difficult or defective personality in the child's immediate environment. On page 20 the author remarks, "especially with the shifting picture of the growing child and immediacy of his home and family problems was it impossible to distinguish one as wholly the province of the psychiatrist, and the other of the social worker". With this view there could be little disagreement, the point being only to decide whether the work should be divided between the psychiatrist and social worker on the basis of conference and exchange of material, or whether with the extreme shortage of personnel, one would not have to find techniques in which one worker could carry both parent and child. Professor Hamilton is at pains

to explain that psychotherapy and analysis are not the same thing, although most psychotherapists will have had a close acquaintance with the practice of psychoanalysis in their training, and many will have had a training analysis, whether they are medically trained or not.

The book then deals in considerable detail with individual case histories, illustrating the impulsive child, the neurotic child, the primarily anxious child, and the severely disturbed child, some of the latter with definite psychosis.

The remainder of the book is given over to a discussion of treatment, divided up into treatment of younger children, treatment of the older child, treatment of adolescents, and treatment for the family. Here one feels that the significance of the parent-child relationship is not always brought out clearly enough, and it is particularly in this section that one would have liked a more succinct analysis of what Allen calls the " movement " in the progress of the case. The chance remark on page 219, " after only six months of treatment ", leads one to suppose that treatment is universally regarded as needing to be thorough, deep and involved, which is all the more reason for making the exposition of it less involved by careful selection and careful analysis of the different stages of treatment.

A rather clearer picture is given later, of the requisite training for a social worker undertaking psychotherapy. Whether this be psychotherapy in the strict sense, working directly with the child, or whether it be what is often equally difficult handling of a not very co-operative or understanding parent, it is good to see that the social worker of the future is to be a recognized factor in dealing with these two aspects of psychotherapy.

E.M.C.

Introduction to Group Analytic Psychotherapy. By S. H. Foulkes, M.D. William Heinemann. 21s.

This book is a very straightforward and practical exposition of the " group-analytic " technique which the author employs. There is just sufficient discussion of the rationale underlying his thera-therapeutic approach to stimulate the reader's interest, and, at the end, there is a useful comparison of this procedure with those described by other authors. The bulk of the book consists of an account of the technique, together with a commendable array of illustrative examples from actual cases and group situations. In particular, the accounts of aspects of the " Northfield Experiment " make fascinating reading.

The author expressly disclaims that his method is meant to supersede orthodox psychoanalysis: it is rather a complementary approach which touches upon the patient's adjustment to social realities in a way which the privacy of the individual analytic procedure inevitably misses. The method employs, in a group setting, the same " tools "—free association, understanding of unconscious mechanisms and motives, and understanding of interpersonal relationships (=transference)—as does orthodox psychoanalysis. In addition, however, the therapist is faced with the necessity of becoming a *member* of the group as well as its leader or conductor. He has to bring himself into a more socially real and less artificial relation to his patients than does the ordinary analyst. The three practical principles on which the method is based are (*a*) active participation by the members: (*b*) communication in a permissive atmosphere: and (*c*) observation in a social setting. It is on the significance of the third of these that Dr. Foulkes claims that his method has scientific as well as therapeutic value—a claim which must be regarded as well founded.

The emphasis laid on the importance of *communication*, as the essential therapeutic desideratum, suggests that this procedure is in the direct line of therapeutic advance and will stand the test of time. Barriers to communication, both intrapersonal and social, have a wide significance for mental health, and the lessons to be learnt from the group-analysis of neurotic patients will certainly be found applicable in wider fields of human relations.

There will, no doubt, be resistance on the part of some therapists to the use of the group method. Inasmuch as the therapist unconsciously accepts those neurotic dissociations which the community regards as normal, he will find himself faced with " barriers to communication " in a group. For as a group develops a capacity for free communication among its members, it becomes healthy, and is led to gain insight into the social neurosis *pari passu* with the gain in insight and adjustment of the individuals composing it. A group will challenge " normal " social assumptions with inescapable force and compel the therapist to reflect on his own unconscious acceptance of normality. Dr. Foulkes does not draw this distinction between normality and health. He says that a basic law of group dynamics is that " collectively (the members) constitute the very norm from which, individually, they deviate " : and that the community " itself determines what is normal, socially accepted behaviour ". But is it not this unconscious " social acceptance " of taboos, a barrier to communication, which is one of the ultimate causes of individual neurosis ? A group, progressing along the lines indicated in this book, is reaching toward a much higher degree of mental health than is " normal " in our society.

Such a criticism as this, however, obviously contains more praise than blame: an " Introduction ", focussing on a practical therapeutic approach, would have become unbalanced by any more detailed discussion of the work's implications, many of which will be evident enough to the interested reader.

Apart from its intrinsic interest as a contribution to social psychiatry, the book will provide a fund of reassurance and encouragement to therapists

who are new to the practice of group techniques—even if their personal experience of psychoanalysis is less than the author would regard as ideal. It is modest, in spite of the author's obvious enthusiasm. It is not difficult to read. And if, in the end, one is left with a suspicion that one has been invited to make a personal re-orientation towards problems of neurosis, apart from learning a new therapeutic method, doubtless the author will be satisfied.

J.R.M.

Authorized Officer's Guide. By J. Squire Hoyle and T. S. Hawkesworth. With a Foreword by Dr. I. G. Davies, Medical Officer of Health for Leeds. Elsworth Bros., Bowman Lane, Leeds 10. Price 3s. 3d. post free.

This is the latest addition to available literature for the enlightenment of those whose duties necessitate an understanding of the changes in mental health administration brought about by recent legislation.

The National Association for Mental Health published last summer a small pamphlet on "Legislation relating to Mental Patients" and also brought up to date its existing pamphlet on "Legislation relating to Mental Defectives"; subsequently the Ministry of Health placed on sale its more weighty "Provisions relating to the Mental Health Services". Now comes this most useful additional contribution made by two Officers actively engaged in administering the new law—one as Executive Officer, dealing with the Mental Deficiency Acts, the other as Senior Authorized Officer dealing with Lunacy and Mental Treatment Acts, and both working under a Health Authority justly referred to in the Foreword as one which has been for many years "a pioneer in mental health administration".

The booklet—divided into two sections—contains a summary of all the points on legal procedure and practice connected with mental deficiency and lunacy administration which the Duly Authorized Officer should know.

Its concluding paragraphs reveal the spirit in which the writers have approached their task. They regard it, they say with humility, as "purely an attempt by officers engaged in the work to assist their colleagues in the service", and to embody in it "many of the ideas and methods that have from time to time been given by them verbally at lectures organized by the National Association for Mental Health to new and inexperienced workers in the field".

To these "new and inexperienced workers", as well as to other Mental Health workers called upon to undertake additional and unfamiliar duties, this is a booklet which can be warmly recommended.

A.L.H.

Towards Public Understanding of Case Work. By Viola Paradise. Russell Sage Foundation. 1948.

"What *is* case work?" asked a jesting business executive of his social worker partner at a banquet, and even in the States he had to wait for an answer while the case worker experienced "a drowning sensation". For there, as here, case workers are usually happier with the particular than with the general, and though ready to discuss an individual problem they become inarticulate when challenged in general terms.

Viola Paradise, therefore, concerned herself with the content of case work in addition to methods of publicizing it. For this purpose she formed an advisory committee of Cleveland's social workers who "in search of a common denominator" experimented with the recording of conversations and with social workers' statements about case work. These were then rewritten by journalists for popular consumption. The section which places side by side a professional statement about case work, and a writer's version of it "with some of the verbiage squeezed out", is instructive not only to social workers concerned with reaching lay readers but also to those writing for their colleagues.

The rest of the book deals with the public attitude to case work, as recorded by questionnaires, and with methods of reaching the public and extending its interest in case work. It is reassuring to find that the public is far more friendly and receptive to case work and case workers than is suggested in some earlier chapters describing the defensive feelings of social workers.

One is left wondering whether "the common denominator" in case work does not remain a matter for professional clarification, and whether the public is not better served by the slow growth of understanding which comes from the experience of case work within the community, and from thoughtful discussion of individual cases, rather than by a campaign of popular interpretation however carefully devised.

P.C.S.

Speech and Voice Correction. Edited by Emil Froeschels, M.D. Philosophical Library, New York. 1948.

There are nineteen contributors to this symposium, so it is not astonishing that it is a patchy piece of work. In his Foreword, the Editor states that the ". . . purpose is to offer to persons scientifically and/or practically interested in speech and voice correction the latest developments in the field. I have tried to include as many modern trends as possible so the reader will not be surprized if he finds divergent opinions expressed . . ."

It is not so much divergence of opinion amongst the various authors that arouses comment as the discrepancy in the quality of their contributions. The fact that English is a foreign language to the editor and to some of the contributors accounts for the lack of lucidity in several of the articles and for the inadequacy of the proof reading. It is a pity that here and there in the text a German word is used—not even italicized—though it is quite

feasible to find an English equivalent. It is, however, not only the foreign contributors who are at fault—with the honourable exception of Auguste Jellinek, whose articles on Accoustic Education for Children and for Adults are well written and serve a useful purpose; some of the Americans equally fail to use language that makes their meaning clear, and is free from solecisms. Before writing their articles each of them ought to have read that by C. P. Bontrager on "Remedial Reading and General Semantics" (pp. 249-69), and taken it to heart.

The book does not always offer enough to those who are "practically interested", doubtless owing to lack of space; most chapters only indicate the general principles of therapeutic procedures. Those by Samuel Robbins on "Dyslalia", and by Charles Strother on "Voice Training after Laryngectomy", are by far the most satisfying for the reader who seeks practical guidance.

The aim of supplying something for those "scientifically interested" is not really achieved either; there is a great deal of recapitulation of previous knowledge, and sometimes vague expressions of opinion are offered instead of well-documented proof of what the writers postulate. The article entitled "The Education of the Speaking Voice" apparently intends to strike a highly scientific tone; the author never uses a word of one syllable if he can find one of five or six to replace it.

Annie Molenaar-Bijl's observations on "Stuttering", and its differential diagnosis from stammering, is a valuable piece of work, for in practice there is still much confusion on this subject.

The account of "Hearing Rehabilitation" as carried out at Hoff General Hospital (a military hospital) and Dr. William G. Peachor's summary of the nature and treatment of speech disturbances arising from "Gunshot Wounds of the Head and Neck", justify the editor's claim to lay the latest developments before the reader. It is a pity that these two chapters were so brief.

Emil Froeschels showed creditable restraint in allocating so little space to himself for his article on "Stuttering". Surely this aspect of the subject warrants more attention than has been given to it here. The whole book would probably have been of greater value if so much had not been crammed into so little space; several of the contributors would no doubt have done their subject greater justice if they had been able to write at slightly greater length. J.H.V.T.

Juvenile Delinquency in an English Middletown. By Hermann Mannheim. Routledge & Kegan Paul, Ltd. 1948. 12s. 6d.

This recent addition to the International Library of Sociology and Social Reconstruction presents a study of juvenile delinquency in Cambridge over a period which includes seven pre-war years and the first four years of war, i.e. up to and including 1942.

It is an admirable demonstration of the value of an approach which is neither purely a mass of statistics nor such a specialized view of the subject that one facet only is given intensive consideration. In this ecological study of a region, in which the problem is viewed from as many aspects as available data makes possible, the material is drawn largely from probation and supervision cases appearing before the local Juvenile Court; the 109 pre-war cases included 1 Care and Protection case and 11 Beyond Control, while the 123 wartime cases included 3 Care and Protection and 13 Beyond Control. The inclusion, among the wartime cases, of 20 evacuees living variously with parents or relations, billeted with foster parents and living at a Hostel for difficult children, provides an interesting group for certain comparisons, and furthers the author's purpose to indicate the interaction of social conditions within a geographically limited area.

Reference is frequently made to reports from the relatively few places in which similar approaches to the study of the problem have been attempted, but it is to be regretted that lack of uniformity of data analysis has made necessary all too frequently the comment that, for purposes of comparison, the value of the data available from many of the previous reports is questionable because of its scantiness, or because the methods of classification used have been so different that all but the broadest comparisons have been impossible.

As a consequence of this difficulty we have, however, what is certainly not the least valuable contribution made by the author to recent literature on juvenile delinquency. We are both directly and implicitly reminded continually of the need for further concerted studies in which many separate lines of approach may be simultaneously followed, so as to provide as complete as possible an investigation of the multitudinous facets of a common problem.

Besides the importance of simultaneity in an integrated study, we are reminded also of the no less important need for successive studies at regular intervals, the comparison of which may reveal significant trends and alterations within even relatively small communities over surprisingly limited periods of time. From several comparisons with evidence from a previous study in which Dr. Mannheim collaborated (*Young Offenders*, published 1942), the effects of social changes within so short a time as 6 years are already obvious. Incidentally, the lack of adequate up-to-date information concerning matters of practical significance, both in Cambridge and in other areas, does not, as the author points out, merely limit investigators in their assessments of factors of diagnostic significance, but the use of out-of-date or too meagre references, for want of more recent material, may lead to invalid conclusions or to assumptions that are misleading.

The author has been particularly careful to

indicate where he has been limited by inadequate reference material and where his own findings must be interpreted with reserve.

The fact, however, that he advises caution regarding some of his own findings, in addition to the fact that he has considered the factors contributing to juvenile delinquency from so many aspects, suggests many further fruitful lines of inquiry.

Two of Dr. Mannheim's findings concerning home conditions are of particular interest to those concerned with the effect of material conditions on mental health, but at the same time warn us of the tendency of averages to mask individual variation. In dealing with the influence of housing conditions, the author draws attention to the fact that, although the number of rooms per family found among the delinquent population families were no fewer than those occupied by families in the general population, the mean number of persons per room was in fact nearly double. To assume from this however, that overcrowding alone was responsible for delinquency would be rash in view of the fact that, in the course of this study, it was found that the highest delinquency rates were not found in the most crowded central wards, but in new housing areas in outer districts.

Dr. Mannheim contrasts these findings with those from some other studies, but there are probably many places in which what were originally projected as model estates have acquired notoriety as hotbeds of anti-social behaviour, and the author quite rightly stresses the fact that re-housing in itself is no panacea without adequate social services.

Dr. Mannheim has some interesting observation on the subject of " beyond control " cases, in which his findings again are not in line with what has often been assumed. The Cambridge evidence suggests that the occurrence of simultaneous delinquency in children brought before the court as " beyond control " is the exception rather than the rule. The high incidence of abnormal and unsatisfactory home conditions among this group, however, is significant. Further, the fact that in a remarkably high percentage of cases the unsatisfactoriness lay in psychological rather than purely material conditions adds point to the author's plea for extended use of psychological services, not merely for diagnostic purposes after offences have been committed, but among preventive measures.

The succinct manner in which a remarkable amount of material is presented in this book in the short space of 131 pages; the admirable summary the value of which is increased by useful paragraph references; a bibliography of 57 comparatively recent books (of which at least 50 per cent. are British) and some 16 pamphlets; and indices of both authors and subjects referred to in the text, make this volume not only an excellent reference book, but a fertile source of suggestions for further work.

M.I.D.

Childhood and After. By Susan Isaacs, M.A., D.Sc. Routledge & Kegan Paul, Ltd. 15s.

This collection of papers and clinical studies, previously published in psychological and educational journals, is one of the last publications of Dr. Susan Isaacs, whose lamented death took place recently. It contains some extremely interesting analytical material as well as one or two papers of a less technical nature.

In the paper on the " Educational Value of the Nursery School ", Mrs. Isaacs gives a delightful description of the young child, his needs and interests. " We have only to watch his play with a discerning eye ", she says, " and to listen to his comments and questions, in order to realize how his mind is beset with problems of one sort or another—problems of skill, problems of seeing and understanding, problems of feeling and behaving. The appreciation of this central fact may be looked upon as the master key to the child's mental development."

There is an interesting paper on " Recent Advances in the Psychology of Young Children " in which the author discusses some general trends in child psychology and refers in some detail to certain specific studies.

To do justice to the book it would be necessary to comment on each of the papers separately, which space does not allow. There is no doubt, however, that the reader with analytical knowledge will find this a useful and enjoyable book. For those with less technical knowledge, it might have been more acceptable had the educational essays been published separately or at least grouped together in one section of the book. There is just a possibility that some readers may fail to realize that, although some of the papers are technically psycho-analytic, others would be easily understood and should prove helpful to all who are interested in children.

C.H.S.

British Journal of Psychiatric Social Work. Published by the Association of Psychiatric Social Workers. 3s. 6d.

This is a new publication. The second issue contains a number of interesting articles by psychiatric social workers in fields of work as varied as Child Guidance Clinics, Maternity and Child Welfare centres, Community Care and a community of Displaced Persons.

There is a paper on a psychiatric social worker's personal experience in group therapy, and a report on an investigation by the Parents Group of the Association of Psychiatric Social Workers into the psychology of pregnancy and lactation and institutional midwifery. Although some of the articles express very individual points of view which could hardly be taken to represent the opinions of psychiatric social workers as a group, they are nevertheless interesting. The Journal should appeal to all who are concerned with the mental health aspect of social work.

C.H.S.

Film Reviews

Fallen Idol. (*Featuring Michele Morgan, Ralph Richardson and Bobby Henrey.*)

The background subject of the film deals with the usual triangle involving a kindly and well-meaning, but rather weak man (Ralph Richardson), a shrewish wife (Sonia Dresdel), and a charming and attractive typist (Michele Morgan). The husband and wife are butler and housekeeper at a foreign Embassy in London. The wife, by a trick, manages to surprise her husband and the typist in a love scene at the Embassy, and while trying to spy upon them falls from the landing to the hall and is killed. The question arises as to the cause of her death. The police are called in, but are finally satisfied that it was an accident.

So far, so ordinary. If this were all it is doubtful if the film would have run for a week. But this is far from all, for the entire film is stolen by the brilliant and subtle direction and the quite outstanding acting of the Ambassador's little son, (Bobby Henrey). The film resolves itself into a psychological study of the reaction of an eight-year-old child to the incomprehensible and unpredictable "goings-on" of the adults around him. We are given a most skilful and understanding picture of the only child who is always being told by pre-occupied adults to run off and play, and who has very little emotional or mental contact with anyone in his environment. In these circumstances, he gives his unreserved affection to two objects—one human, the butler Baines, the other, reptile, a grass-snake, MacGregor. On the other hand, he feels equally unreserved hate and fear for the hard and sadistic Mrs. Baines, who bullies the child, nags her husband, and consigns MacGregor to the coke-boiler.

The child inevitably gets mixed up in the love affair of Baines and the typist, and, through his intense loyalty and hero worship, finds himself involved in a tissue of lies and self contradictions. Having succeeded unwittingly by his lies in making the police suspect Baines of murdering his wife, he equally unwittingly does his best to upset their conclusion that the death was accidental by trying frantically to tell the truth. Happily, the police by this time regard him as a completely unreliable witness, and the film ends with them refusing to listen to his desperate attempts to "come clean".

The way in which the child's emotional conflicts are presented, his complete bewilderment and consequent distortion of values, constitutes one of the most remarkable psychological studies that the film has yet afforded us. It greatly adds to the realism that the child is neither particularly attractive nor intelligent; he is just a very average, rather sensitive, anxious little boy, and one feels that his behaviour and his reactions as portrayed in the film bear the hallmark of truth.

It will be interesting to see if the film is good "box office". D.M.O.

The Night has a Thousand Eyes. (*Featuring Edward G. Robinson, Gail Russell and John Lund.*)

To see what position in society any group of people has, one should look, perhaps, not at a film about that group in particular, but at one in which a person of such a group appears incidentally. "Fathers" then will not be judged according to *Life with Father*, nor "Mothers" by *I Remember Mama*, but by any film you like in which a family appears by the way. By this criterion "Fathers" and "Mothers" and "Doctors" too (of physical illnesses, mind) show rather well; a little sentimental perhaps, but kindly and on the whole sensible; clergymen and teachers are probably less acceptable, but even they reach great heights of popularity when compared with the "incidental" psychiatrist—if one may so term him without disrespect (though if he has seen *The Night has a Thousand Eyes* he will be used to disrespect).

This film caused these reflections, for it is not a story about psychiatry, and the incident in which the psychiatrists appear could be cut without affecting the plot. It seems, therefore, fair to contend that such characters can be assumed to be the man-in-the-street's idea of a typical psychiatrist, rather than individuals like Mr. Milne in *Mine Own Executioner*. When we examine this typical psychiatrist, we find that he has three main characteristics; he is wrong in his judgment, he is ridiculous, he appears in connection with the supernatural.

The chief character of the film is a man who forsees tragic events but is powerless to stop them. This male Cassandra in a vision sees the death of a young girl, with many attendant circumstances. For many reasons this touches him very nearly and he makes a desperate effort to influence and alter the chain of events. (For non-psychiatrists one may add that the suspense is intense, as the events that have been foretold follow one another with relentless regularity, and for those who have no lonely walk home or empty home to sleep in, this is good entertainment of its kind.) Soon the police appear on the scene and the prophet of disaster is interrogated. This is where the psychiatrists appear. The plot, of course, demands that all the forces of reason and authority shall not believe them and that nevertheless they shall be right, but one could hardly class these psychiatrists among the forces of reason. Supercilious references to endless pages of statistics, a patronizing gaze and a

pompous manner seem to complete their repertoire—except for their capacity for deflation at the end of the interview.

It is always easy to overestimate the importance of such minor incidents, but one can safely say that public confidence in psychiatry has not been furthered by *The Night has a Thousand Eyes*.

P.E.W.

Mr. Perrin and Mr. Traill. (*Featuring Marius Goring and David Farrer.*)

There seems to be more respect now on the part of the cinema for the books which are adapted for the screen. Certainly if our present passion for psychiatry had existed in the bad old days, the story of *Mr. Perrin and Mr. Traill* would have appeared in a new guise: Mr. Perrin's increasing mental ill-health would have been noticed by Mr. Traill, who would have taken him to a psychologist. Mr. Perrin would then have made some ink-blots and associated such words as Trail-Hunting-Death, and then the story would have continued as Walpole made it.

For the absence of such an incident we must be thankful. How churlish then to go on to complain of the absence of psychology. But the story is in fact a psychological one. Here really is an opportunity of showing a psychological problem on the screen; the growth of envy and resentment and hatred in the mind of an aimiable, kindly but unsuccessful man, leading relentlessly to murder. The sinister quality of that unpleasant film, *The Upturned Glass*, would have been right here. If there was to be humour, its right place was among the children, whose happiness would have contrasted with the warped minds of the adults. But this film had humour in every part and so it became just a light and amusing picture, enjoyable, certainly, especially to those who like stories about schools, but not Mr. Walpole's *Mr. Perrin and Mr. Traill*.

The Headmaster is so awful that the audience gasped—not so much with real horror, I think, as with a kind of pleasurable incredulity. The common-room is so good a caricature of the worst elements in any bad common-room that it produced gurgles of delight at the absurdity of human nature that values so highly its petty privileges and rights. But there was no horror, no tension, no awareness of impending doom, except once when the young master's engagement was told to Mr. Perrin. Even then the feeling was pity rather than alarm.

To take the filming of Walpole's story seriously is to regret an opportunity lost; to take the film at its own value is to spend a most enjoyable evening.

P.E.W.

The Quiet One. (*Produced by the Wiltwick School for Maladjusted Children, New York.*)

This film is an excellent study of maladjustment. It deals with the case of a small negro boy, who was unwanted and unloved at home, his background before entering school, and treatment and psychological development after coming to the school. The film is subtle, slow and extremely sympathetic. The school has 80 boys who on account of race, religion, colour or bad home circumstances, have become maladjusted. The film describes slowly the early background of the child, his tired and worn-out grandmother, his mother, who does not want him, the boy's backwardness at school as a result of emotional difficulties, his loneliness in the big city, his inability to make friends with anyone, and his suppressed hatred and misery.

After coming to the school, the boy is for a long time an outsider, but slowly, with the help of the doctor, he forms a great attachment to one of the masters, but has grave set-backs because he becomes possessive and jealous of the other children with regard to this master. There is one excellent scene: a pottery class, where the boy is making a bowl of clay, and suddenly tries to transform it into a sea shell. This brings back memories of when he was a little boy playing by the sea, digging in the sand with his mother and father and grandmother. This becomes the turning point in his development and from then on he is more able to face life.

The film has few spoken words and most of what it has to convey is presented pictorially. It can be shown on special request to private selected audiences, and application should be made to: Mr. Sinclair Road, Film Centre, 34 Soho Square, W.1.

E.H.R.

Recent Publications

Books

VOLUNTARY ACTION. A Report on Methods of Social Advance. By Lord Beveridge. Allen & Unwin. 16s.

NUREMBERG DIARY. By G. M. Gilbert, Ph.D., Official Psychologist, Nuremberg Trials. Introduction by Sir David Maxwell Fyfe, P.C., K.C. Eyre & Spottiswood. 15s.

THERAPEUTIC SOCIAL CLUBS. Edited by Joshua Bierer, M.D. Introduction by E. B. Strauss, M.D., F.R.C.P. H. K. Lewis & Co. for Institute of Social Psychiatry. 6s.

*INTRODUCTION TO GROUP-ANALYTIC PSYCHOTHERAPY. By S. H. Foulkes, M.D. Wm. Heinemann. 21s.

NEW FIELDS OF PSYCHIATRY. By David M. Levy, M.D., Columbia University. Chapman & Hall. 12s. 6d.

PSYCHOLOGY, NORMAL AND ABNORMAL. An Introduction to the Study of the Mind. By Jas. Winifred Bridges (former Professor of Abnormal Psychology, McGill University). Pitman. 25s.

SEX VARIANTS. A STUDY OF HOMOSEXUAL PATTERNS. By George W. Henry, M.D., with contributions by medical specialists. Paul B. Hoeber, New York. Agents for distribution in England. Hamish Hamilton. 40s.

SEX FULFILMENT IN MARRIED WOMEN. By Helena Wright, M.R.C.S., L.R.C.P. Williams & Norgate. 5s.

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